may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remaye carbon pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. Jath. Page 4 IENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aff TO HOSPITAL OF

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4124

PLACE OF DEATH O. COUNTY				11	USUAL RESIDENCE (W o. STATE	/here deceos	ed lived. If institut b. COUNTY		ce before a	idmission)
	Carroll		MARYLANI	P	Mar	yland		Mon	tgome	
b. CITY OR TOWN (RURAL and give of Sykesvi	If autside carporate lim earest town) 11e	its, write	c. LENGTH OF STAY IN 18	b	c. CITY OR TOWN (IF		porate limits, write l	RURAL and	give nearest	fown)
	TAL (If nat in hospital,	give street	address)		d. STREET ADDRESS			100		S RESIDENCE
	ield State	Hosp	ital		1105	Parri:	sh Drive			ES NO
NAME OF DECEASED		rst	Middle		Last	4. DATE	Ma	nth	Day	Year
(Type or print)	Pet	er	(NMI)		Arnone	DEAT	н Арг	il	26,	19 6
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED] B. C	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months		UNDER 24 HI
Male	White	WIDOW	/ED X DIVORCED	1	Jnknown 18	874	87 88Xyrs		Doys H	DUIS MIII
0a. USUAL OCCUPATION	ON (Give kind of work	done 10b	. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	e ar foreign	country)	12. CIT	IZEN OF WI	HATCOUNTR
Coal min	king life, even if retired P	"	Coal Industr	У	Italy			U	.S.A.	
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				11
knikmown	FRANK ARN	IONE			MAKANAWA	X	ROSE	unkne	own	
S. WAS DECEASED EVI	ER IN U. S. ARMED FOI	RCES? 16	. SOCIAL SECURITY NO. 17	, INFO	RMANT		Add	dress		
(Yes, no. or unknown)	(If yes, give war or dates of	service)	NONE _	Spi	ringfield H	ospita	al Record	5		
18. CAUSE OF DE	ATH Enter only one o	ouse per l	ine for (a), (b), and (c).]					-	INTERV	AL BETWEEN
	ATH WAS CAUSED BY:			1-					_	AND DEATH
18 000	IMMEDIATE CAUSE (erminal brond	enop	neumonia				-	lays
149	DUE TO	0								
Conditions, if &		b)							-	
gave rise to i		О								
lying cause last.		c)								
C.B.S.a	HER SIGNIFICANT CON	cere	contributing to DEATH I	cle:	related to the term	psych o	otic reac	tion.	RT 1(a) 19.	WAS AUTOPS PERFORMED? ES NO
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	n Part I or P	art II of item 18.)			
20c. TIME OF INJU	RY Month, Day, Yo	While	.,		OF INJURY (Home, far y, street, office bldg., e		ity or tawn)	((County)	(Sto
	at (I) (this haspita	al) atten	ided the deceased fra 25, 1961, and the	m. Al	ril 3, 1	961, 1d	April 26,	, 19_! nd an th	61, that e date st	(I) (we) la
220. SIGNATURE	estire e	let	Campo	M.D	ATTENDING	MED. DIRECTOR	_ STAFF			226 DATE SIGN
27c. PHYSICIAN'S NAME (Type)	Agustin	delC	ampo, M.D.		22d. ADDRESS Springfi	eld H	ospital,S	ykesv	ille,	Md.
230. BURIAL, CREMATIC REMOVAL (Specify BURIAL	ON, 236. DATE THERE		23c. NAME OF CEMETER ST. MICHAEL				STBURG,			(State)
24 FUNERAL DIRECTOR		INC.	ADDRESS SILVER SPE	RING	, MD DATEM	C'D BY REG		SISTRAR'S SI		

Property the former to the first the contract of the contract MALE III Village UE Lind The state of the s Control to the Control the state of the s the put to be adjust (in 1964) they have been a more than the put to be adjusted in the put to be adjusted in the put to be a put to be adjusted in the put to be adjusted in MARYLAND

c. LENGTH OF STAY IN 16

2yr.7mos.15da

ACE 7. MARRIED NEVER MARRIED

work done 10b. KIND OF BUSINESS OR INDUS

16. SOCIAL SECURITY NO.

20b. DESCRIBE HOW INJURY OCCURRE

Not while

at work

20d. INJURY OCCURRED

While

at work

Bronchooneumon

Middle

Cleveland

DIVORCED |

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

DUE TO

DUE TO

Day,

(b)

	DIVIS	ION OF STATISTI
	4125	
LACE OF DEATH		
Carro	11	
CITY OR TOWN RURAL and give	(If autside carporate limi nearest town)	ts, write c. LENG
Sykes	ville	12vr.
	ITAL (If not in hospital, a	
Snrin	efield State	Hospite
AME OF DECEASED	Fir	
Type ar print)	Gre	over
EX	6. COLOR OR RACE	7. MARRIED N
Male	White	WIDOWED
	ION (Give kind of work orking life, even if retired	

Laundry truck driver

PART 1. DEATH WAS CAUSED BY:
| MMEDIATE CAUSE (o)

Charles C. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Canditions, if any, which

gove rise to immediate

cause (a), stating the underlying cause last.

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

i E	OF DEATH				0.5113
2. 1	SUAL RESIDENCE (WI	here deceased (n: Residence be	fore admission)
C	. STATE Marvland		b. COUNTY	dashing	on /
(CITY OR TOWN (IF				
	**			-21	03-)
-	d. STREET ADDRESS	WID.		2	e. IS RESIDENCE
	o. JIKEET HOUKESS				ON A FARM?
	32 Glens	ide Ave			YES NO
	Lost	4. DATE OF	Mont	h (Day Year
	Artz	DEATH	April		1961
B. DA	TE OF BIRTH	9.	AGE (In years lost birthday)		R IF UNDER 24 HRS.
00	tober 1. 1	892	68 yrs.	Months Days	Mours Min.
	11. BIRTHPLACE (State			12. CITIZEN	OF WHAT COUNTRY?
	363			77 6	3 1
14	Mary a			U.S	D. H.
FOR	Carrie C	. Wade	Addr	-	
row	violet i		Addi	433	
Sr	ringield R	ecords.			
				IN	TERVAL BETWEEN
ia					Days
NOT	DELATED TO THE TEDA	INIAI DISEASE	CONDITION GIV	EN IN PART 1/o	19 WAS AUTOPSY
€pi	REMITTE TERM	MAL DISEASE	CONDITION	Eld tid LWK! Ifo!	PERFORMED?
					YES NO TO
). (En	ter nature of injury in	Part I or Part I	l at item 16.}		
	OF INJURY (Home, form street, office bldg., etc.		r town)	(Count	y) (State)
ioiy,	arrear, orrice brug., or	'			
Mai	rch 7, 19	55 Ar	oril 3.	10.67	that (I) (we) last
		2			* * * *
eath	accurred 4:25	My tram ti	ne causes an	d an the da	te stated above.
	ATTENDING M	IED.	STAFF -		SIGNED
W.D.		IED.	STAFF PHYS.		4/3/61
	22d. ADDRESS	3 77 -	4.7 0	1	. Ma
	Springfiel	La Hosp	real, Sy	Kesvill	e, Md.
R CR	MATORY.	23d. LOCATIO	ON (City, town, o	or county)	(State)
	4	1011	//	1)	11 6 6 11

saw	the	deceased	alive	an Apr	11	3,
220.	SIGN	ATURE	1.	de	06	in
22c. F	HYS	LIAN'S				

20c. TIME OF INJURY

Haur o. m.

CERTIFICATION

MEDICAL

Agustin delCampo, 23b. DATE THEREOF

21. I certify that (1) (this haspital) attended the deceased fram...

23c. NAME OF CEMETERY O

EMOVAL (Specify) UNERAL DIRECTOR'S SIGNATURE

BURIAL, CREMATION,

20e. PL/

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE arthur S. Kraus

15M 9/59

may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. There is state Board of Health prior to burial, cremation, ar remayal, and VR A15 (4)

director,

the funeral

shauld

in by

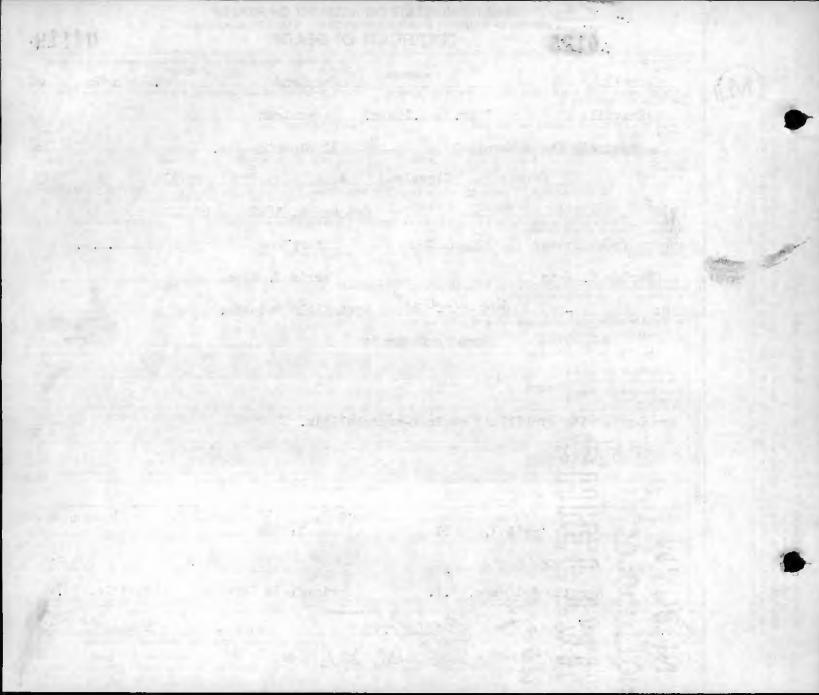
and completely filled carban papers.

attending p Then please in any

eath. Page

executed within 24 haurs of

PHYSICIAN: The law requires that the death certificate be



TO HOSPITAL O

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 4126

1100	
1. PLACE OF DEATH O. COUNTY ARROLL MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	3 VOI-A
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS . G. IS RESIDENCE ON A FARM?
COLDEN AGE GUEST HOYE	5 143 WILLARD ST YES NO IN
3. NAME OF First Middle (Type or print) ANA LOUISA	BENSEL SEATH April 6 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birmady) Months Days Hours Min.
HEMALE WINTE WIDOWED DIVORCED	- NAW 41114 16.166 17
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOGSEW, TE DOMES!	14. MOTHER'S MAIDEN MAME
BERNARD BYER	Christian ZELLER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17, INFORMANT Address
NO NONE NONE	MRS. Hygy STA VINGER 143WILLARD OF
18. CAUSE OF DEATH [Enter only one couse per line for (a) [b], and (c).] PART I, DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSY AND DEATH
IMMEDIATE CAUSE (o)	The control of
Condition it are which I	Cuteur Vellevier Roya
gove rise to immediate couse (a), stating like under-	-11-11-12 R
lying couse lost. (c)	terasacy felligy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONSTTION GIVEN IN PART (6) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUPANTION 206. DESCRIBE HOW INJURY O	CURRED. (Enter nature of injury in Part 1 or Part II of item 18.)
Hour o. m. While Not while	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased f	from 18 2 19 8/ to lost 9 19 8/ that (1) (we) lost
sow the deceased alive and the land the deceased in	that death accurred A.B. M., from the causes and on the date stated abave.
22 STRATURE MASTERS	ATTENDING MED. STAFF SIGNED
WYONELL NMASTI	N 22d. ADDRESS Jy Sewille had
REMOVAL (Specify)	TERY OR CREMATORY 23d. LOCATION (City, lown, or county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Francis & miller 210; Frederic	Lare DATE APR 11 '61
	Ballo, Ma.

HS W Comment - Transity The application of the second state of the second of the second The state of the s the forest the property attack whether a way to the first Late of the state AND THE RESERVE OF THE PARTY OF

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
er oue o		G127 CERTIFICATE OF DEATH Reg. Dist. No.	04121
Page I director	M)	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before the country of the country	ore admission)
ero be		b. CITY OR TOWN (If outside corporate limits, write RURAL and give ne RURAL and give ne RURAL ond give nearest town) 1 Listure alex Listure alex Listu	orest town)
by the fund 2 should	X	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION d. STREET ADDRESS J. G.	e. IS RESIDENCE ON A FARM? YES NO
illed in b		3. NAME OF DECEASED (Type or print) MARY-FARR-BOERNER WERD 4. DATE OF DEATH CARLES 2"	Y 19 6/
d within 2 sletely fille rs. Pages		5. SEX— 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED MONTHS Doys 15. SEX— 16. COLOR OR RACE 17. MARRIED NEVER MARRIED DIVORCED D	R IF UNDER 24 HRS. Hours Min.
execute nd comp in poper death.		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) (12. CITIZEN of during, most of working life, even if retired)	OF WHAT COUNTRY?
ion a carbo	T	13. FATHER'S NAME LECEL Gilson 14. MOTHER'S MAIDEN NAME THAT HAVE SARAH HUGH.	ES
certifical ng physic remave 72 haurs	(T)	15/ WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Was no, or unknown; polity say, give wor or defeat of service) My Elizab Surples - Westerweigle	es mid
attendii n pleas t within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)	TERVAL BETWEEN
that the by the tr. The y even		(Sedition 15 August 15 Aug	> hrs
signed signed it perm d in an		gove rise to immediate coese (a), stating the under-tying course tost.	
faw red hysician. s been si Il-transit wal, and		, 191	PERFORMED?
AN: The inding ph icate has he burial ar remay	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 30b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 30c. CONTRIBUTING CAUSE OF DEATH 30c. CONTRIBUTING CAUSE OF DEA	YES NO 🔀
PHYSICI il or atte his certifi use as t		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of wor	(Stote)
haspita After the hed for rial, cre		21. I certify that I attended the deceased fram OCT 1, 1960, to april 27, 1961, that I last s alive an april 27, 1961, and that death accurred at 6.45AM, from the causes and an the do	
The the color or to bu	1	ACTUAL SIGNATURE Charles Charles M.D. 85% W. Green City or fown, stote)	DATE SIGNED
retaine RAL DIRE should be strar prior	1	PHYSICIAN'S Julius Cheoko Westerneste med	
HOSP say be FUNE oge 3	8	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Press and Specify Copies 29/61 At Jan Bellevillery Balletin Co	(State)
VS A15 (4)	1	23 PINNERAL DIRECTOR'S SIGNATURE HOLLINGS ADDRESS 240, REGISTRAR'S SIGNATURE DATE APR 2861 Chilly of the	40.4.

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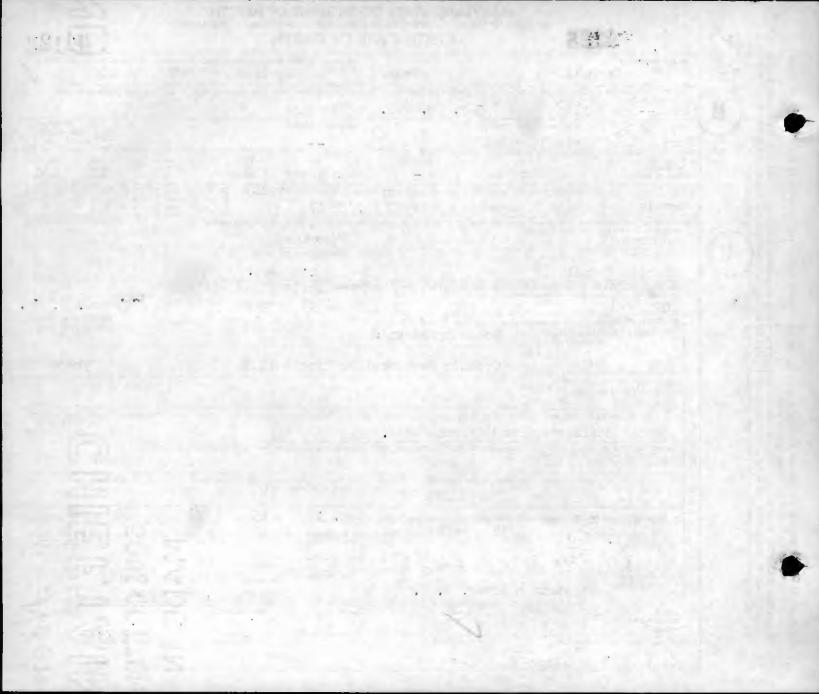
TO HOSPITAL O

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4128

o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY H	dence before odmission) Oward
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Rural—Sykesville	35y. 5m. 26d	c. CITY OR TOWN (If autside corporate limits, write RURAL an	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Springfield State Hospital		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 7
3. NAME OF First Marian (Type or print) Marian	Middle ⇔	Bowie (Buoy 4. DATE OF DEATH 4.	Doy Year 12 1961
female 6. COLOR OR RACE 7. MARK	ED DIVORCED	8. DATE OF BIRTH DUVALL) 9. AGE (In years lost birthday) 74 yrs. Manth	DER 1 YEAR IF UNDER 24 HRS. IS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	KIND OF BUSINESS OR IN	OUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.6 Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles Duvall		Ruth Lentz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (II yes, give wer or dates of service)	SOCIAL SECURITY NO. 17	Hospital records Normani Springfield State Address S	ykesville, Md.
Canditions, if ony, which gave rise to immediate cause (a), stating the under: DUE TO Cl	conchopneumon:	rative hyocarditis	INTERVAL BETWEEN ONSET AND DEATH CAYS
Past II. OTHER SIGNIFICANT CONDITIONS OF Mental deficiency, undi	***	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN R	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Port II of item 18.)	
Y 20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. While of wor	Not while	PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
21. I certify that (X) (this hospital) attends aw the deceased alive an 4/12. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Konstantin Well	Veber	M.D. ATTENDING MED. PHYS. M 22d. ADDRESS Springfield State Ho Sykesville, Maryland	27b. DATE SIGNED
230. BURIAL CREMATION, 23b. DATE THEREOF	23com AME OF CEMETERS		
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Pakes &	250. REC'D BY REGISTRAR 256. REGISTRAR'S DATE APR 1 4 61	



TO HOSPITAL O

VR A1S (4) 1SM 9/59

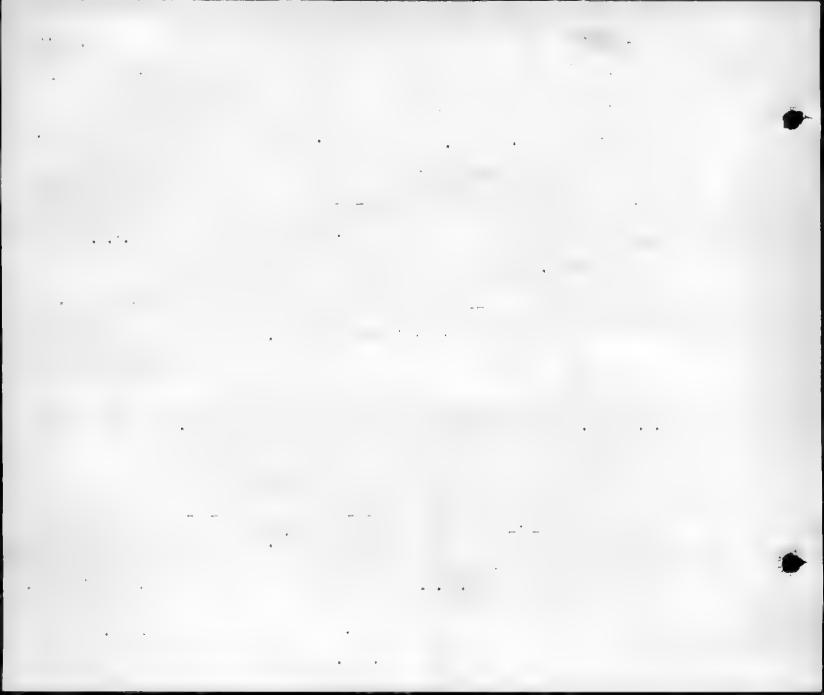
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7.190

l		74 74			JEICH HOZ	TIL OI	PEAIL				114	
		o. COUNTY Ca	rroll		MARYLAND	2. USUAL R o. STATE	Marylai		lived. If institution b COUNTY	n: Residence Montgo		
		b. CITY OR TOWN (If RURAL and give ned Sykesvi			H OF STAY IN 16		r town (if o		ale limits, write R	URAL and giv	e nearest law	vn)
		OR INSTITUTION	L (If not in hospital, give		•	4. 4	address .1 Box	150)	×		SIDENCE A FARM? NO
		NAME OF DECEASED (Type or print)	Mary (Mamie)	Middle Bird	-	wman	4. DATE OF	Apri		Doy 22	Yeor 19 61
	S.	Female	1Jin i + a	· MARRIED 🔲 NE	EVER MARRIED DIVORCED	6-25-3			9. AGE (In years lost birthdoy) 75 yrs.		YEAR IF UND	
	10c	during most of working Housewife	N (Give kind of work doring life, even if retired)	ne 10b. KIND OF	BUSINESS OR IND		PLACE (Stole	_	untry)	U.S	A.	COUNTRY?
	13	FATHER'S NAME	James W.Boy	er		14. MOTHE	R'S MAIDEN N	ice Le	wis			
1	15. (Ya	WAS DECEASED EVER	IN U. S. ARMED FORCE f yes, give wor or doles of servi	S? 16. SOCIAL SE	1	ospital	record	S	Sykesvi		ryland	l.
		PART I. DEAT	H [Enter only one cause H WAS CAUSED BY. IMMEDIATE CAUSE (o)		(b), and (c).] cleratic	Heart I	isease	•			INTERVAL B ONSET AND YEARS	
		Conditions, if on										
		gove rise to im couse (a), stating th lying couse last.										
l	CERTIFICATION	C.B.S. ass	R SIGNIF CANT CONDIT	i.ons contribut	n diseas	of NOT RELATED , with p	TO THE TERMI	NALDISEASE IC rea	ction.	EN IN PART I	PERF	AUTOPSY ORMED?
ı		20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOV	V INJURY OCCURI	ED. (Enter natur	e of injury in I	Port I or Part	II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Year	20d. INJURY OC While Not of work of we	while	PLACE OF INJUR octory, street, of			or town)	(Co	unty)	(Stote)
		21. I certify that	(I) (this haspital) od alive an 4–22	attended the	deceased from	6=2=			4=22= the causes an		that (I)	
		220. SIGNATURE	etri del	Com	to mo.	M.D. ATTEND	ING MI	•	STAFF PHYS.	<u> </u>	2	2b DATE
		PHYSICIAN'S NAME (Type)	Agustin del	Campon	M.D.	Spri	ngfiel	d Stat	e Hospit	al,Syk	esvil	Le,Md.
		BURIAL, CREMATION BUT 18 1	4/26/61	23c. NA	ME OF CEMETERY Salom N			23d. LOCAT	ion (city, town, o			pte)
	24.	FUNERAL DIRECTOR'S	SIGNATURE Molesur	nth I	RESS Amascus	. Md.		BY REGIST	RAR 2Sb. REGIS	STRAR'S SIGN	NATURE	

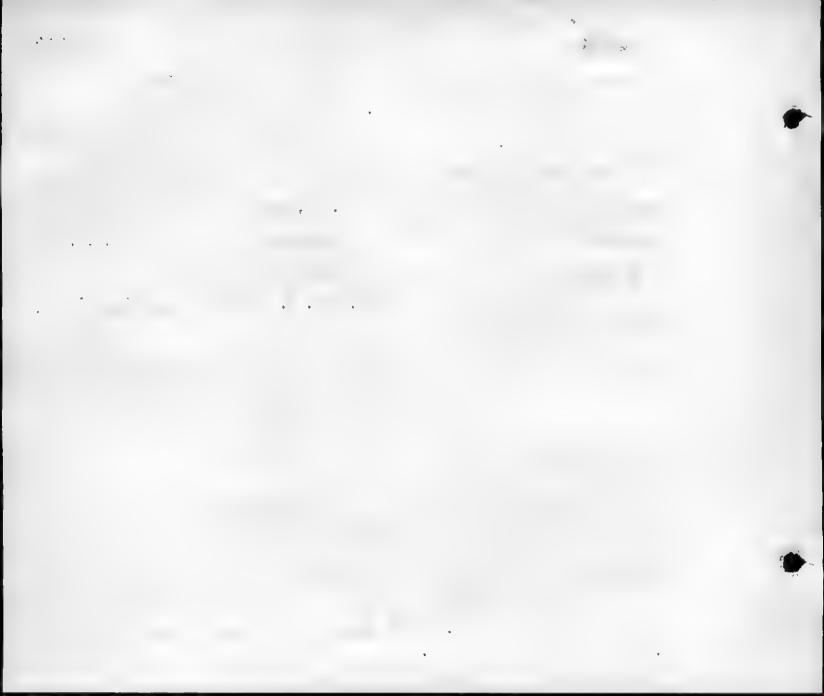


VR A15 (4) 15M 9/59

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	4131	h	n J.	CERTIF	ICAT	E OF DE	ATH					1141	24
1. PLACE OF DE	EATH	1.00	11.4	11111 320		2. USUAL RESID	ENCE (Whe	ere deceased	l lived. If instituti	ion Reside	nce befa	re admiss	an)
o. COUNTY	Carro.	11		MARY	LAND	Maryla Maryla	and		b. COUNTY	rroll			
		side carporate limits	, write	c LENGTH OF STAY	IN 1b			utside carpa	rate limits, write F	RURAL and	give nec	rest lawn	1
KURAL GIIC	Union	Mills		several	yrs.	West	mins	ter			•		
d NAME OF OR INSTIT	HOSPITAL (I	f not in hospital, gi	ve street o	ddress)	7	d. STREET A	DDRESS				T	e 15 RESI	DENCE FARM?
		View Con	vs. F	Iome		76 1	Bond :	Stree	t	- 4			NO 💽
3. NAME OF DECEASED (Type or prin	e Car	oline First		Middle .zabeth	Ca	rlisle		4. DATE OF DEATH	April	nth	13	,	/ear 961
5 SEX	6. (COLOR OR RACE	7. MARRII	ED NEVER MARRII	ED 🔲 B	DATE OF BIRTH			9. AGE (In years last birthday)			IF UNDE	
femal	.e	white	WIDOWE	DIVORCE	D 📋	Oct. 10	,187	1	89 yrs	Manths	Days	Haurs	Min
10a. USUAL OCI	CUPATION (C	Sive kind of work d	ane 10b. K	IND OF BUSINESS O	R INDUST	RY 11. BIRTHPU	CE (State o	ar fareign co	zuntry)	12. CI	TIZEN OI	WHATC	OUNTRY?
hou	sewif	e, even in terriso,					ylan				U.S	.A.	
13. FATHER'S NA	AME					14. MOTHER'S	MAIDEN N	IAME					
Joh	n Mil	ler				Maı	v	Boser	nbury				
4	SED EVER IN	U. S. ARMED FORC		OCIAL SECURITY NO	17, INF	ORMANT				b Bor	a c	<u></u>	
= -	511 940	, give man or aquas or sor	-		Mr	s.Chas.	T.	Eunic.	k u	estmi			Md.
18. CAUSE	OF DEATH	Enter anly ane cau	se per line	far (a), (b), and (c).]	-			•••		INT	ERVAL BE	
PAR	T I DEATH Y	VAS CAUSED BY: MEDIATE CAUSE (a)	AR	TERIO SeL	ERCT	7c C-1	J 515	EAS	E		VA	FAR	S
4	. 1	DUE TO									7		
Canditia	ns, if any, s	which) (b).											
	e ta imme	diate											
lying caus	stating the y se last.	Ic)											
PART	T II OTHERS	IGNIFICANT COND	HTIONS CO	ONTRIBUTING TO DE	ATH BUT N	IOT RELATED TO	THETERMIN	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(a) 1	9 WAS A PERFO YES	AUTOPSY RMED?
200 ACCID OR CONTRI (IF EITHER,	BENT WAS UN BUTING () C NOTIFY MED	DERLYING [] CAUSE OF DEATH ICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature al	injury in P	arl i ar Parl	t II of item 18.)				
20c TIME O	FINJURY A	Aanth, Day, Yea		JURY OCCURRED	20e. PLAC	CE OF INJURY (Form, street, affice	lame, farm,	20f (City	ar town)		(County)		(State)
Haur Haur	p. m.	19	While at wark	Nat while				1					
21. I certi	ify that (!)	(this hospital)	attende	ed the deceased				53 , to 4	, -	, 19			
		olive an4 -/	0	19 <u>.6/</u> , and	that de	ath occurred	ot 7.11	M, from	the couses a	nd on th	e dote		
22c_BHTS/	/	2. 7	han	- W	М	ATTENDING	JA, DII	D. RECTOR	STAFF PHYS.			4	SIGNED
NAME	(Type)	ME61	- M	ARSH		22d. ADDRE	metu	week	le '	MI			
23a BURIAL, CR		236 DATE THEREO	F	23c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOCAT	TION (City, town,	ar county)		(Stat	e)
Burial	(Specify)	4/15/61		St. Thor	nas C	emetery	7	Owin	ts Mill			ryla	nd
24 FUNERA DI	RECTOR'S SIG	Sons, Reis	tene	ADDRESS				D BY REGIST	RAR 256, REG	ISTRAR'S S	IGNATU	RE	
O al elil	EIIO CC	Dolla, hers	00013	DOWITS PICE			DATEDR	1 8 761		Thun 9	France	a	



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Maryland Carroll

	RURAL and give in	· ·		TH OF STAY IN 16	×		side corporol	le limits, write Ri	JRAL ond give n	earest town	}
-	d. NAME OF HOSPI OR INSTITUTION	LE TAL (If not in hospitol, g	ive street oddress)	ife		odbine ADDRESS					IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	VIOLA	c.	Middle	ONDON	osi 4	DATE OF DEATH	APRIL	16.	-07	Yeor 1961
	Female	6. COLOR OR RACE White	7. MARRIED NE	DIVORCED	P	16, 18	95	AGE (In years last birthday) 66 yrs	Months Doys	Hours	Min.
L	HOUSEWIL FATHER'S NAME	ON (Give kind of work of king life, even if retired) fe	Domes	BUSINESS OR IND	Ma	PLACE (Stote or <u>ryland</u> I'S MAIDEN NA/		niry)	U.	S. A	
	Richar					Rhoda					
15		ER IN U. 5. ARMED FOR (If yes all ye war of dates of se ************************************			informant ir. Aug	ustus	Condo	Addr n, Woo	dbine,	Mar	yland
		immediate (Mely	(b), and (c).	Tuen	hom	Car	die		SET AND	
CATION	couse (a), sloting lying couse last.	the under- DUE TO	filme	TING TO DEATH BE	JT NOT RELATED	TO THE TERMINA	AL DISEASE (CONDITION GIV	EN IN PART I(o)	PERFO	AUTOPSY RMED?
CERT FIC	20g ACCIDENT W	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCUR	RED. (Enter noture	of injury in Por	rt I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJU Heur o.m. p.m.	RY Month, Doy, Yee		white	PLACE OF INJURY octory, street, off		20f. (City o		(Count	Y)	(State)
	21 I certify the	nt (I) (this hasnital) attended the	deceased from	19	60 10	10/6	therel	196/	that (I) is	we) last

saw the deceased alive an

, and that death accurred at ____M, from the causes and an the date stated above. 22b DATE SIGNED ATTENDING PHYS MED.

M D. 22d. ADDRESS E. Hall.

23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lawn, or county) (State) 4-19-1961 Morgan Chapel Cemetery Carroll

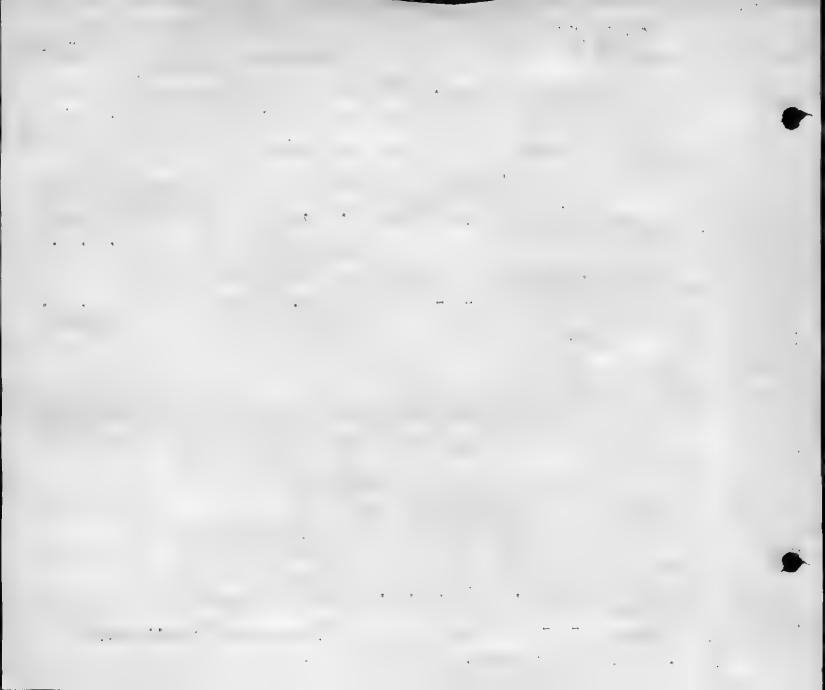
Coo, 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR

Waltz, Winfield. Maryland DATE APR 1 8 '61

256 REGISTRAR'S SIGNATURE



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH (ARROLL 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission, director. Page or your files. oard of Health, b. COUNTY Page Carroll MARYLAND Marvland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) write RURAL end give neerest town! life Rural Rural--Svkesville Mesuille d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE funeral ON A FARM? Streaker Streaker Road YES NO State Road NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 19 6 Columbus 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED DATE OF BIRTH 9. AGE (ID years | IF UNDER 1 YEAR 32 (lof years IF UNDER 24 HRS. Months and 2 wi Hours Dovs Male WIDOWED | DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U. S. A. Laborer pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond I. Costley Al verta Mvers File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes no, or unkown) (If yes nive we ror deless of service) Raymond I. Costley, Sykesville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office **DUE TO** burial (b) gave rise to immediate cause 40 DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO TO pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) Page factory, street, office bldg., etc.) While Not While et work st work 08: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection >C Inquiry and and in my opinion forwarded I ecute the certifi Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 2 II EPUTY should I Lovitt. liam Μ. Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) 40 8 airview Cemetery Carroll Maryland Burial COL 24e, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE MAY 1 Winfield, Maryland C. M. Waltz. arthur & throat 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, PLACE OF QEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) filed a COUNTY o. STATE COUNTY/ MARYLAND Pro CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate kmits, write RURAL and give nearest town) pe c LENGTH OF STAY IN 16 RURAL and give nearest lawn) plnods d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRÉSS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5 YES NO 19 .⊆ 4. DATE OF DEATH NAME OF First Middle filled DECEASED Pages (Type or print) 196 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely last_birthday) Manths Days DIVORCED [7] WIDOWED [papers. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) pue pon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CO 200 c physicic remove WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ortending please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO þ Canditians, if ony, which signed gove rise to immediate DUE TO couse (o), stoling the underlying cause last **buriol-tronsit** WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? cremotion YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) certificote ÷ (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) Haur a.m. While Not while at work of work p. m. After 21 | certify that (1) (this haspital) attended the deceased from f., that (I) (we) last saw the deceased alive on and that death accurred at Fram the causes and on the date stated above the I ECTE 22o. SIGNATURE 22b, DATE ATTENDING STAFF PHYS. e e M.D. DIRECTOR -22c. PHYSICIAN'S 22d. ADDRESS should NAME (Type) FUIIIRAL BURIAL, CREMATION NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (Stote) EMOYAL (Specify) 0 UNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/5■

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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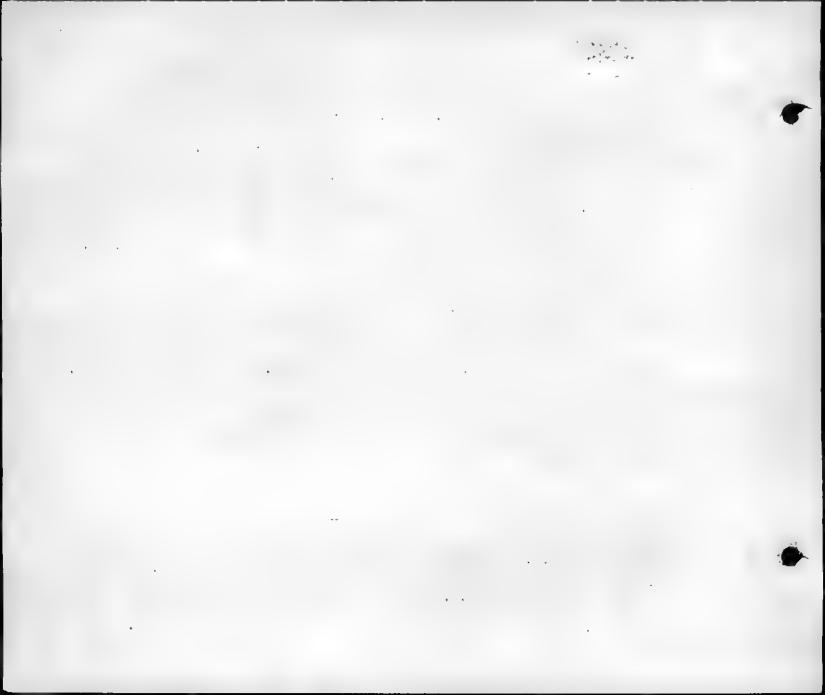
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PLACE OF DEATH	1		- 11	USUAL RESIDENCE (W	here deceased livi	ed if institution: Re	esidence before admi	ssion)
Carro	11	MAR	YLAND	Marylan	a .	_B	- Manual Co-	V
b. CITY OR TOW	N (If autside carporate limits, re nearest tawn)	write c. LENGTH OF STAY	1N 1b	c. CITY OR TOWN (IF		limits, write RURAL	and give nearest lov	wrt)
Sykes	ville	1 mos. 8	das.	Baltimore	9	- 4	- 1	
d. NAME OF HO	SPITAL (If not in hospital, give ON			d. STREET ADDRESS			ON	SIDENCE A FARM?
Sprin	<u>gfield State H</u>	ospital		3333 011	ftmont As	/e	163] NO
NAME OF DECEASED	First	Middle	,	Lost	4. DATE OF DEATH	Month	Day	Year
(Type ar print)	Betti			Earhart		April	14	19 61
SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRI	JED 🔲 B. D	ATE OF BIRTH	19. (nths Days Haur	
Female	White w	IDOWED . DIVORCE	:D 🔲	6-4-69		Q1 yrs.	mis Days Figure	Will.
a USUAL OCCUP	ATION (Give kind of work dan working life, even if retired)	ie 10b. KIND OF BUSINESS C	OR INDUSTRY	11 BIRTHPLASS STATE	timore	(y) 1:	2 CITIZEN OF WHAT	COUNTRY
House		-		Mary			U.S.A.	
3. FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME			
07.4	0.222			T	- D7 - 4			
	Collins	CO IN COCIAL CECURITY NE	17. INFO		s Pletzer	Address		
es, na, ar unknown)	EVER IN U. S. ARMED FORCES), /, NPO	KMANI		Address		
No		212-17-8788	9	nringfield	Medical	Records		
	DEATH [Enter only one cause						INTERVAL	BETWEEN
	DEATH WAS CAUSED BY.			-			ONSET AN	
111	MMEDIATE CAUSE (a)	Acute pulmor	ary ec	ema			hour	8
77 × (DUE TO							
Conditions.	if any, which)	Arterioscler	cotile 1	neart diges	CA		vear	R
gave rise t	a immediate	151 001 1000101	OULO	10010 0 01000			700-	*
	ing the under-							
lying couse li	101							
PART II	OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	WINALD SEASE CO	ONDITION GIVEN I	N PART 1(a) 19. WA	S AUTOPSY FORMED?
ξ 1] NO.₽
20g ACCIDENT	WAS UNDERLYING FT 20	DESCRIBE HOW INJURY O	OCCURRED //	enter nature of injury in	Part Loc Part II s	of item 18)		
(IF EITHER, NO	WAS UNDERLYING [] 20 ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	D DESCRIBE HOW INJOK! C	PCCORNED. (I	and house or injury in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2, 1,0,1,1,2,1		
20c, TIME OF IN Hour d.	JURY Month, Day, Year	20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Hame, for	rm, 20f. (City ar	tawn)	(County)	(State
Hour a.	m. 19	While Nat while	factory	, street, affice bldg., e	tc.)			
p.	m, 17	at wark at wark						
21 certify	that (I) (this haspital) o	attended the deceased	fram.	3-6- 1	261 . ta	4-14-	19_61 that (1)	(we) la
	teased alive an						* *	
		4= 1/OT / OILC	i indi ded	in accorred di J_J	ELIAT, CLUSTI THE	e canses and a		22b.DATE
22a. SIGNATUR	· - /.	121		ATTENDING	MED	STAFF	4	51GNE
KUCA	ison del	Carre 120	M D	ATTENDING	DIRECTOR []		ril 14. 19	961
22c. PHYSyllan NAME (Typ	rs			22d ADDRESS				
NAME (TY	Agustin del Ca	ampo. M.D.		Springfie	1d H osp	ital Syk	esville,	Mn roll
	A.d.							
30 BURIAL, CREMA	AT ON 236 DATE THEREOF	23c NAME OF CEN			_	(City, lawn, or ca		ate)
Burial	4/17/61	Woodla	wn Cei	netery	Balti	more, M	ld. (Wood	Lawr
4 FUNERAL DIREC		ADDRESS _		250 REG	C'D BY REGISTRAR	256 REGISTRA	R'S SIGNATURE	
Charles	E. Schimun	ek Funeral	Home		APR 1 7 '61		my S. Kraus	
3331 Br	ehms Lane			DATE	PG 11 - 1 01	-		

may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. SENDING THYSICIAN: The law requires that the Bath certificate Descrited within 24 haurs after TO HOSPITAL OR

oth. Page 4

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE COUNTY MARYLAND CITY OR TOWN (If outside carpogate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Should the d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 24 YES NO and NAME OF 4. DATE OF Year DECEASED DEATH Pages (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years lost wirthday) MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours WIDOWED yrs. papers. USUAL OCCUPATION (Give kind atwark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country buring most of working life, even if chired) 12. CITIZEN OF WHAT COUNTRY? pilo Hog 2 13. FATHER'S NAME physicion Š .⊑ remove 17. INFORMALIT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. yes, give wor or dates of service? thending eose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ō IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse last. buriol-transit WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? has YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) certificate the 20c TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 1961, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at M. from the causes and an the date stated above saw the deceased alive an IN DE REMINE OF THE PRINCE OF 22o. SIGNATURE 22h, DATE SIGNED ATTENDING PHYS STAFF M.D DIRECTOR -PHYS 22c. PHYSICIAN'S 22d. ADDRESS 3 should BUR AL, CREMATION, 23b. DATE, THEREOF 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (Stote) page the Sic EMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b REGISTRAR'S SIGNATURE REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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	213K		CERTIFICA	TE OF BEATT	•				
a COUNTY	Carroll		MARYLAND	2 USUAL RESIDENCE (W o. STATE Maryl	and	b. COL	YTAL		
	OWN (If autside carporate lim give nearest town)	ils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		1	- 4	give nearest	town)
	Henryton		206 days	4	more;	Maryl	and	7	ν
d. NAME OF OR INSTIT	HOSPITAL (If not in hospitol, UTION Henryto		te Hospital	d. STREET ADDRESS	Edmon	ison A	venue	0	RESIDENCI NA FARM S NO
3. NAME OF DECEASED (Type or print		ist (eg	Middle Preston	Last Ewell	4. DATE OF DEATH	P	Month pril	6	Year 1 61
5. SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED	8 DATE OF BIRTH		9. AGE (In)		YEAR IF U	
Male	Negro	WIDOWE	DIVORCED	8-30-1911			yrs. Months	Days Ho	ours Mir
100. USJAL OC	CUPATION (Give kind of work of working life, even if retire	done 10b. d)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stoke				. S.	
13. FATHER'S NA				14. MOTHER'S MAIDEN	NAME				
	Alfred Ewell,	Sr.		Mattie Wa	arner				
IS. WAS DECEA	SED EVER IN U. S. ARMED FO	RCES7 16	SOCIAL SECURITY NO. 17.	INFORMANT			Address		
(Yes, no, or unknows	n) (If yes, give war or dates of		L2-07-8034	Moses P. Ewe	ell-Pat	tient			
	OF DEATH Enter only one of							INTERVA	AL BETWEEK
gove ris- couse (a), lying cous	til. OTHER SIGNIFICANT COI	O (c)		T NOT RELATED TO THE TERM				P	VAS AUTOF ERFORMED' S NO
200. ACCID OR CONTRI (IF EITHER,	ENT WAS UNDERLYING DEATH BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	1		RED (Enter noture of injury in	49				_
Hour Hour	F INJURY Month, Day, Y o. m. p. m.	While of war	k ot wark	PLACE OF INJURY (Home, for factory, street, affice bldg., e	lc.)			(County)	(Ste
saw the	fy that (1) (this haspite deceased alive an Ap)								ated aba
22a SIGNA	Edgars m	, Mea	neary	M.D. PHYS 📑 I	MED.	STAFF PHYS]		226 DATI
22c PHYSIC NAME	(TypEdgars M. I	facul:	ans, M.D.	Henryton	State	Hosp	ital, H	enryt	on, M
230 BURIAL, CE	REMATION, 23b. DATE THERE	OF	234 NAME OF CEMETERY	OR CREMATORY	23d OCA	\$ 7	awn, ar caunly)		(State)
	RECTOR'S SIGNATURE	. 1	ADDRESS A		C'D BY REGIST		REGISTRAR'S S		

may be retained K.F. the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should 56 find with the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death. ENDINE PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the TO HOSPITAL OR VR A15 (4) 1SM 9/59

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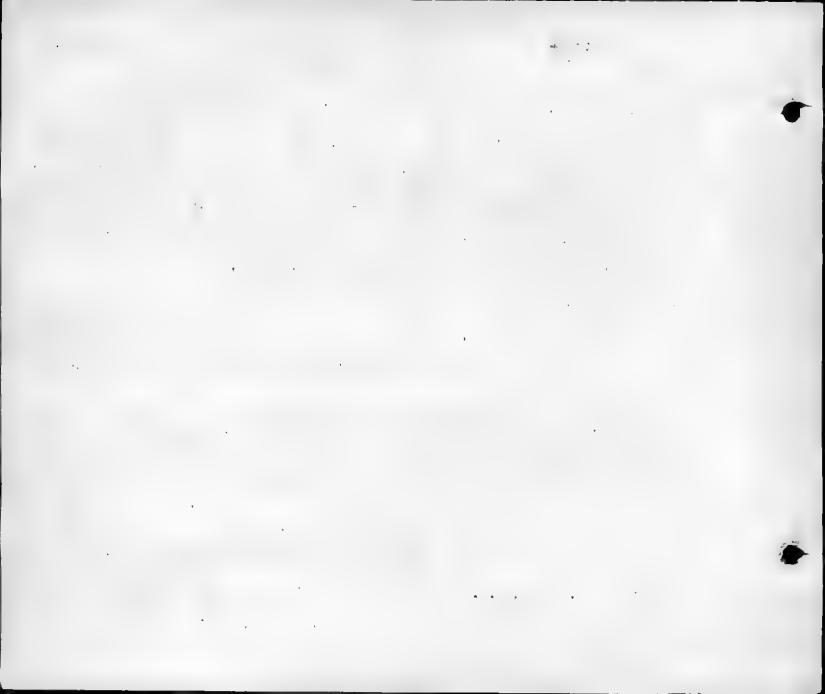
CERTIFICATE OF DEATH 7720

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		5) (1)		07100						
6	1	PLACE OF DEATH O. COUNTY CARROLL MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution Residence o. STATE b. COUNTY CTTY	before admission)						
	4-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN	b C CITY OR TOWN (If outside corporate limits, write RURAL and give	ve negrest town)						
1	7	RURAL and give nearest town)		1 - 1.						
,	-	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
1	4	SPRINGFIELD STATE HOSPITAL	4215 Sheldon Avenue	ON A FARM?						
¥ ,	3		Last 4. DATE Month	Day Yeor						
		DECEASED (Type or print) JOSEPH MICHAE	L FLORIN OF DEATH 4	3 1961						
	3	Male 4 COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthday) Months [YEAR IF UNDER 24 HR Doys Hours Min.						
	ī	10d USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR In during most of working life, even if retired)		EN OF WHAT COUNTR						
		Boiler contractor	Maryland US	A						
	1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		Frank Florin	Sophia (unknown)							
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service)									
		NO 213-3×2783	HOS PITAL RECORDS							
	Г	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-]		INTERVAL BETWEEN						
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Bronchial P	neumonia	4 day s						
		LA 3 3 DUE TO								
	1	Conditions, if any, which (b) Myocardial :	Insufficiency	years						
		couse (o), stoting the under-								
		lying couse lost. (c)	AVENUE SELECTION OF THE SERVICE CONTROL OF TH	IV. LING THAT ALITORS						
		Chronic Brain Syndrome associated w	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?						
*				YES NO.						
		OR CONTRIBUTING CAUSE OF DEATH. (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18)							
	1		PLACE OF INJURY (Home, form, 20f. (City or town) (Co foctory, street, office bldg., etc.)	ounty) (Stor						
		Hour o m. p. m. 19 White Not while of work of work	The state of the s							
		21. I certify that (I) (this hospital) attended the deceased fro	m 2/6/61 12 to 4/3/61 19	_, that (I) (we) fo						
		saw the deceased alive an 11/3/61 19 and the	at death accurred at 2:05% from the causes and an the	date stated abay						
		220 SIGNATURE 1 10 0 10	2	22b DATE						
The said		Temple Mi- goos, Me	M.D PHYS. D MED. STAFF PHYS. D	/3/61						
		22c. PHYSICIAN'S NAME (Type)	22d ADDRESS							
		Gertrude M. Gross, M.D.	Springfield State Hospital							
	1	230 BURIA., CREMAT ON 236, DATE THEREOF 23c, NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)						
		PENOVAL (Specify) HILLIE, HOLY R.	COKLITTE LIVE SELLAR 17	1 1110						
	2	24 SUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG							
		DIPPEL BROS 1800 E. Lomi	ARO ST DATE APR 4 '61 Civiling S.	7 isau						

TO HOSPITAL OR

VR A15 [4] ISM 9/59



ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR

VR ATS (4) TSM 9/S9

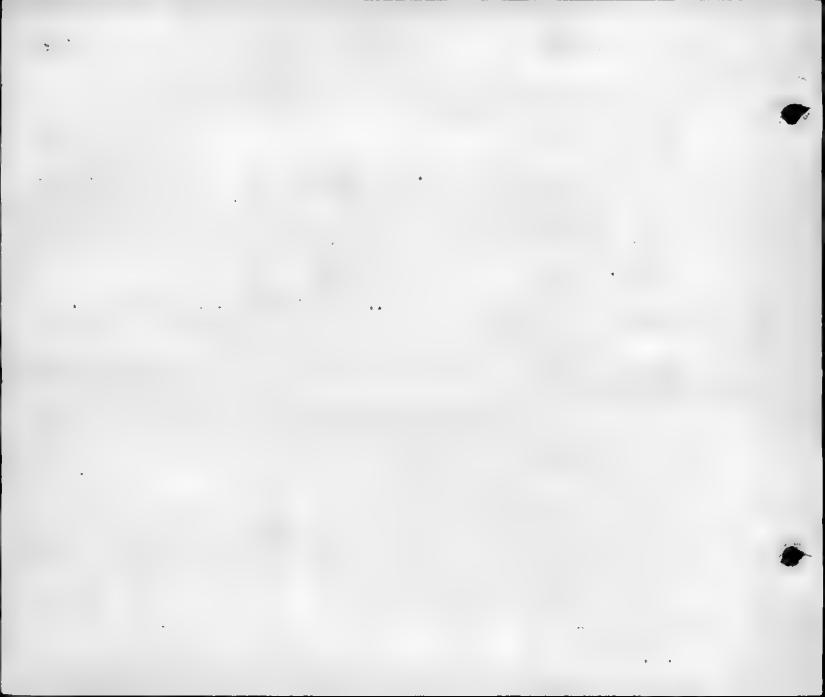
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Zε	1	7	9			
4.3	-41	<i>a</i> 1				

Ī	1. PLACE OF DEATH a. COUNTY Carroll	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY Mary I and										
ł	b. CITY OR TOWN (If au		ts, write	c. LENGTH OF STAY II	N 1b	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					fown)	-
d	rural) Sykes		29y.3mo.18d.		Baltimo							
١	d NAME OF HOSPITAL		ive street		U.a.	d. STREET ADDRESS), G			e I	S RESIDENCE	_
1	Springfie	ld State	Hosp	spital		unknow	m	3	11.		ON A FARM? YES NO 🔀	
J	3. NAME OF DECEASED	Fin		Middle		Lost	4. DATE OF	Man	ith	Day	Year	
	"(Type or print)	Oliver		- Fo	ble	(Fauble)	DEATH	4		5	19 61	
		COLOR OR RACE	7 MARI	MARRIED NEVER MARRIED DE LE DOWED DIVORCED DE LE DIVORCE DE LE DIV		DATE OF BIRTH		9. AGE (In years last birthday)	-		UNDER 24 HI	
	male	white	WIDOW			11-13-97		63 yrs.	Months	Pays H	ours Min	
	10a. USUAL OCCUPATION (during most of working	Give kind of work	done 10b	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Sec	ate or foreign c	country)	12 CITIZ	EN OF WI	HAT COUNTR	Y?
	laborer	ine, even it telled				Maryland	ì		U	SA		
V	13. FATHER'S NAME					14. MOTHER'S MAIDEN	N NAME					
Л	Joshua Fob	le (Faubl	Le)			Lena Con	nstantin	ne				
	15. WAS DECEASED EVER IN	U S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT		Add	ress			
	unknown				S	ringfield S	State Ho	spital B	ecords	3		
Ī	18. CAUSE OF DEATH	[Enter only one co	use per li	ne far (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH		
1	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o	, C	hronic Cong	esti	ve "eart Di	sease				than	
	1273	,	DUE TO						one year			
	Conditions, if ony,	Conditions, if ony, which) (b) Aortic insufficiency. Auricular Fibrillation										
	gave rise to imm	ediole (
١	lying cause lost.	cause (a), stating the under: lying cause lost. (c) Fimplify coma										
	Mental def	significant con ective wi	th e	CONTRIBUTING TO DEA pilepsy-typ	TH BUT e oi	epilepsy u	rminal diseas inknown	E CONDITION GIV	VEN IN PART	1	WAS AUTOPS PERFORMED? IS NO [
	OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJURY Hour a.m. p.m.	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m. P. m. 19 While of wark o										
	21. I certify that (i i h_c) attend	ded the deceased t		9-60	12102	the causes ar			(I) (we) lo	
ĺ	220. SIGNATURS	412 7	lsa.	lahar		ATTENDING PHYS.	MED.	STAFF		5-196	22b.DATE SIGN	
į	22c PHYSICIANS	Yasuo Ta	kaha	shi. M.D.	, , , , , , , , , , , , , , , , , , ,			ield Stat				_
Л	NAME (Type)						-	ille, Mar)		
							(State)					
	REMOVAL (Specify)	14-7-	6 1	analon	nu	Brand	Bo	altion	500	111	d.	
	24. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS	/	25a. R	EC'D BY REGIS		ISTRAR'S SIG			
	Trank F.	7 Mein	ell	Butess	olle	8. m C PATE	APR 72	'61 C	Withen S	. Firan	<u> </u>	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

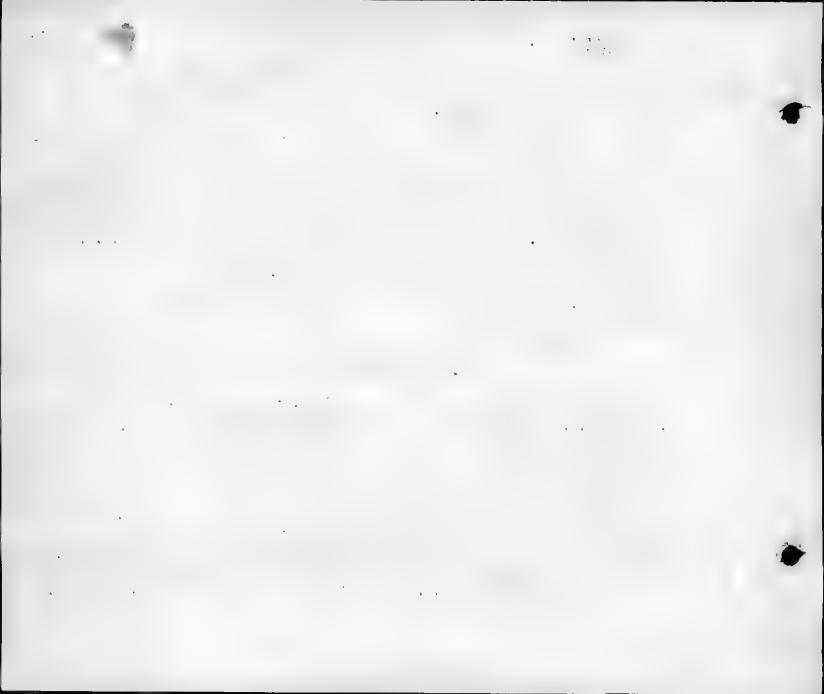


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1			41	CERTIFICA	TIE OF DEATH			104			
	1. P	LACE OF DEATH	-		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE b. COUNTY b. COUNTY						
	_	Carro		MARYLAND	Mary	Tand	Baltim				
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown) Sykesville				c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town						
				3mos.13days	Towson L	1	1, 1	May y			
5	4	J. NAME OF HOSPITAL (OR INSTITUTION	olf not in hospitol, give street lead State Ho	net oddress)	d. STREET ADDRESS	-		ON A FARM?			
		Springile	eld State Ho	spital	913 "air	way Drive		YES NO M			
	3 N	NAME OF DECEASED	First	4. DATE Mont	-/	Year					
	(Type or print)	William		German		1 17,	1961			
	5 5		43	ARRIED A NEVER MARRIED	B. DATE OF BIRTH	last birthday)		Hours Min.			
				OWED DIVORCED	March 11,]		12. CITIZEN OF V	WALL T COLINITAYS			
	10a. ∩•.	during most of working	life, even if retired)	IUB, KIND OF BUSINESS OR IND	Maryland						
	-	FATHER'S NAME	BIEL OU.		14. MOTHER'S MAIDEN I		U.S.A	•			
\	13.	Thomas Ge	าเพอก		1	le Price					
	15		U S ARMED FORCES?	16. SOCIAL SECURITY NO 17.	INFORMANT	Addre	ess				
	[Y=1.		es, give wor or dates of service)	216-07-0254		ld Hospital Rec	ords				
		18 CAUSE OF DEATH	[Enter anily one cause p	er line for (a), (b), and (c)-]	ne for (a), (b), and (c)-]						
			WAS CAUSED BY: 1 MEDIATE CAUSE (o) 1	Uremia				Days			
	П		, –								
		Canditions, if ony,		Suppurative nepl	Wed	Weeks					
		gave rise to immediate DUE TO									
	_	lying couse lost. (c) Acute gangrenous cellulitis of the scrotum									
	CATION	C.B.S. ass	significant conditions. With cere	NS CONTR BUT NG TO DEATH BY bral arterioscl	or not related to the term erosis without	inal disease condition giving ph	rase.	PERFORMED?			
	PART JI OTHER SIGNIFICANT COND TIONS CONTR BUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19 C. B. S. assoc. with cerebral arteriosclerosis without qualifying phrase. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH										
					PLACE OF INJURY (Home, form		(Caunty)	(Stote)			
	MEDICAL	Havra.m.	19 W	hile Nat while work at wark	factory, street, office bldg., etc	÷) [
	~			ended the deceased from	January II. 10	61 April 17.	19.67 tha	t (I) (wa) last			
				16, 1961 , and that							
		220 SIGNATURE	ent to	1 0	deally accomed an one	JAY-HOM MIC COOPES ON	G GI INC GOIG	22b DATE			
		Clania	elm de	Compo	M.D. ATTENDING M.	NED STAFF		4/17/61			
		22c. PHYSICIAN'S NAME (Type)	4 11 27	//	22d. ADDRESS			2.5			
		(Avue (type)	Agustin del	Campo, M.D.	Springfie	eld Hospital, S	ykesville	, Md.			
	236	BURIAL, CREMATION,	236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, o	or county)	(Stote)			
(REMOVAL (Specify) 4-20-6/ ST JAMES EDIS. CEM. MC							KTON-MX				
	24	FUNERAL DIRECTOR'S S	IGNATURE /	ADDRESS //	. //	4 m m m 0 10 4	STRAR'S SIGNATURE				
	Ιχ	inoid	XIIIIA	1305 NH114	200 DATE	LPR 2 0 '61 O	lithur S. How	44			

TO HOSPITAL OR TENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after the page 4. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers Pages I and 2 should be filled with the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death VR A15 (4) 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2142 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY Carrell Prince George MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give neorest lown State Hosp. 28 days Lanham e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS OR INSTITUTION
Henryton State Hespital ON A FARM? Rt. #1. Box 247 YES IN NO NAME OF Middle 4. DATE Month Day DECEASED OF DEATH Aptil 1961 Robert Hackley James (Type or print) 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months 47 yrs Negro Male WIDOWED [DIVORCED | January 23. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY (1), BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Elevator Operator Cannonsburgh. Penna. bon 72 h 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove cark vent, within 7 physician requires that the dilath nertificate Charles F. Hackley Mable Brown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address James R. Hackley-Patient attending No 225-10-1957 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cor Pulomonale and Meart failure **DUE TO** þ Moderately advanced bilateral pulomonary Canditions, if ony, which gave rise to immediate DUE TO couse (a), stating the under-Tuberculesis + left surgery. Bilat. fibrosis been sig lying couse (ast PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO T 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Nat while While at wark of wark p. m. After 21 I certify that (1) (this haspital) attended the deceased from March 20. 19 61 to April 17, 1961, that (1) (we) last detached saw the deceased alive an April 17, 1961, and that death accurred at 1:45, AoM the causes and on the date stated above TO FUNERAL DIRECTOR: page 3 should be detact 220 SIGNATURE dyars M. Maenlany M. D. 4-17-61 ATTENDING PHYS DIRECTOR [PHYS. 22d ADDRESS 22c PHYSICIAN'S NAME (Type Edgars M. Maculans, M.D. Henryten State Hospital, Henryton, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR **VR A1S (4)** 1SM 9/S9

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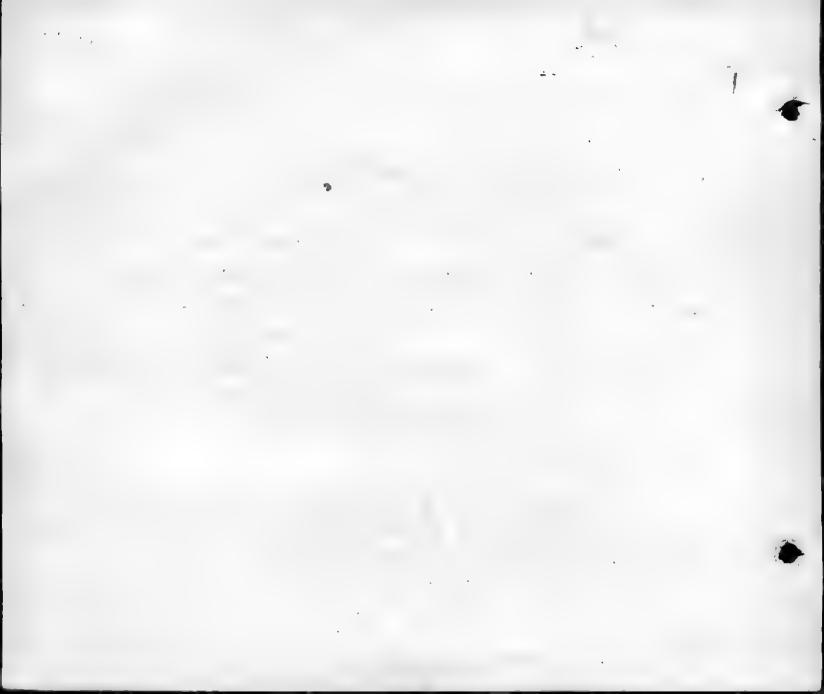
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	Ε.	U	4
	44.00		_

	4143 CERTIFICAL RESEARCH A	ATE OF DEATH	04137
1	1. PLACE OF DEATH d. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE b. COUNTY	lence before admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) Compared town Compared town	c. CITY OR TOWN of outside corporate limits, write RURAL on Boltom ore	2 / 4 / - J
	of NAME OF HOSPITAL (If rat in haspital, give street address) OR INSTITUTION Golden Age Canv, Home	3207 Southern Ave	e is residence On a farm? YES NO 2
	3. NAME OF DECEASED (Type or print) / E / E HA	VINOTAL DATE Month OF DEATH	Day Year 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1872 st birthdoy) Month:	
	10a. USUAL OCCUPATION (Give kind of work dans during most of working life, even if retired)	Pennsy/vania	ITIZEN OF WHAT COUNTRY?
ト	"narles PT, Hanthorn	14. MOTHER'S MAIDEN NAME H. Daws	ion
	(Yes, ao, ar unknown) (If yes, give war or dates of service)	Surve 6. Tallate Rt2 -	Ly-kesielle
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tal pemontage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	ent foliowers	2 ym
	couse (o), stoting the <u>under.</u> Lying couse lost. (c)	Hypellivin	
	Part H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMED? YES NO A
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 40 Phone of m. 19 While at wark at wark 19	ACE OF INJURY (Home, form, 20f (City or town) ictory, street, office bldg., etc.)	(County) (State)
		death occurred at 21th, from the causes and on t	he date stated above.
	Horsell Hastin MK	M D PHYS. MED DIRECTOR STAFF	226 DATE SIGNED
	MUNICIAN'S MASTIN	22d-ADDRESS.	line
	230 BUR AL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY CAMPOVAL (Specify) 4-25-6/ 400 don	Park 23d. LOCATION (City, town, or county)	Md, (State)
×	24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS COSSOCIAL TUNERAL HOME 7401 Belan	250 REC'D BY REGISTRAR 256 REGISTRAR'S OMEN 1 '61 and 8.	1 1



TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained. The hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funity page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

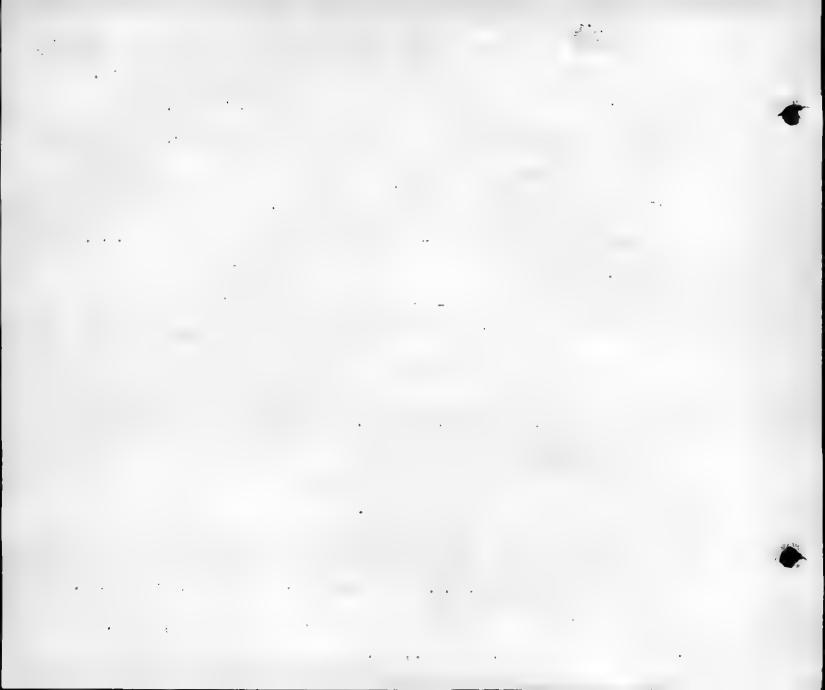
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND										
4.	144	ICA	IE OF DEATH				1141	38_		
1. PLACE OF DEATH		10 -10:		L bei	2 USUAL RESIDENCE (WI		lived If instituted	n Residence b	efore odm ss	ion)
US	rroll		MARY		Plary.				o.City	
 LITY OR TOWN (II RURAL and give no 	f autside corporate limi iorest town)		yrs. 6		c. CITY OR TOWN (If			RAL ond give	nearest town)
Sykesvi			76 33	78.	ратоп	more,	Zone 14.	*	2	- 1
	AL (If not in hospital, g				d. STREET ADDRESS		d and date			FARM?
	ield State						iew Ave.			NO
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mont	h 	/	rear
(Type or print)	Hen	N	George		Нарр	DEATH	April l	IF UNDER 1 YE		9 61
S SEX	6. COLOR OR RACE				B. DATE OF BIRTH	1806	lost bythday)	Months Doy		Min.
Male	White	WIDOWED	DIVORCE		November 22		Off Att	12 CITIZEN	OF WHATC	OUNTRYS
)	DE BOSHAESS O	K IIADOS	TRY 11. BIRTHPLACE (Stote		3011171	U.S		OUIVIKIT
Odd Jobs	3				Marylan			0.0	• H. •	
	TT				Charlot		202			
John H	R IN J. S ARMED FOR	CES? 116. SOCIAL	L SECURITY NO	. 17, IN	FORMANT	OC WAT	Addre	PS S		
(Yes, no. or unknown)	(If yes, give wor or dates of s	service	-30-8147		Springfiel	d Hosp	dtel Reco	rds		
NO NO DEA	TH Enter only one co				phriligator	d webb	<u> </u>	11	NTERVAL BE	TWEEN
	TH WAS CAUSED BY:	0711	rheun		Lie hear	+ el	iteal	- 0	NSET AND	DEATH
4-10	DUE TO	1			/		· · · · · · · · · · · · · · · · · · ·			
Conditions, if o	4	cmi	'tra	2 0	Zewosir	e. nol	e = 41	elhive	-	
gove rise to it couse (o), stoting		,		-			U			
lying couse lost.	(c	:]			heart	+ on 1	lure	-		
PART II. OTT Mental D	eficiency,	idi opati	NIC, MO	ierat	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVI	EN IN PART 1(c	19 WAS PERFO YES K	RMEDY
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY O	CCURRED	. (Enter nature of injury in	Part I or Part	t II of item 18.)			
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	1	lot while	20e. PLA foct	CE OF INJURY (Home, farm lary, street, office bldg., etc	n, 20f. (City	or town)	(Coun	ty)	(Stote)
21 1 certify the	it (1) (this haspita	Nattended th	e deceased	fram 1	farch 7. 19	55 . ta	4 - 15	19 64	that (!) (wel last
saw the deceas	6.3	15	19 61 and	that d	eath accurred aV	M, fram	the causes and			
220 SHENATURE	int.	-15-11-16	6 Mars 1	/	ATTENDING M	ED IRECTOR	STAFF PHYS T			DATE S GNED
22c PHYSICIAN'S	avu	ucr -	- 10 VOLA	Z-6 n	22d. ADDRESS	RECTOR	PRITS LAL			
NAME (Type)	Agustin de	elCampo,	M.D.		Springfiel	d Hosp	ital,Syk	esville	,Md.	
23o. 8URIAL, CREMATIO			NAME OF CEM	ETERY OF	CREMATORY	23d. LOCAT	TION (City, town, a	r county)	{Stot	e)
SEMOVAL (Specify) Burial	4/17/61				Cemetery		timore.			
24, FUNERAL DIRECTOR	21	A	DDRESS			D 8Y REGIST		TRAR'S SIGNA		
H. Sander	& Sons,	Inc., E	Balto.	, Md	DATE	D 1 R 16	1 04	hur & Kr	a.te.A	

DATE 1 8 161

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VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF	STATISTICAL RESEARCH A	AND RECORDS BALTIA	MORE T, MARYLAND	
	2125	CERTIFICA	TE OF DEATH		04130
1. PLACE OF DEATH		-	2 USUAL RESIDENCE (Wh	ere deceased lived. If instituti	an-Residence befare admission)
a. COUNTY	Carrell	MARYLAND	o. STATE Maryl	and b. COUNTY	Prince George
	(If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write R	URAL and give nearest tawn)
RURAL and give nearest town) Hemryton 367 days		Clint	on	16 X	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give street		d. STREET ADDRESS	- // D ((0	e. IS RESIDENCE
, OK 114311101101	Henryton S	State Hospital	Route	1#, Box 668	YES NO
3 NAME OF DECEASED	First	Middle	Last	4. DATE Mor	
(Type or print)	Jeseph	Oscar	Harley	DEATH Apri.	<u>i</u> 1961
5. SEX	6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Layears los) be (iday)	Months Days Hours Min.
Male	Negre widow		May 9, 1893	yrs.	MONTHS Days Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work done 10b orking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12 CITIZEN OF WHAT COUNTRY
Farmer			Brandywi	ne, Maryland	U. S. A.
13. FATHER'S NAME			14, MOTHER'S MAIDEN N	IAME	
	Henry Harley		Ella Pre	cter	
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17, 1	NFORMANT	Add	ress
N•		78-42-3129	Joseph O. Har	ley - Patken	t
18. CAUSE OF D	EATH [Enter only ane couse per I	ine for (a), (b), and (c).]			INTERVAL BETWEEN
PART I D	EATH WAS CAUSED BY FAI	advanced bil	lateral pulmo	nary tubercul	Losis ONSET AND DEATH
00	DUE TO	· · · · · · · · · · · · · · · · · · ·			
Candilions, if	any, which) , Wil	th bilateral o	cavitations		
gove rise to	immediate (DUE TO				
lying couse las	g the <u>under-</u>				
Z PART II C		CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDIT ON G	VEN IN PART 1(a) 19 WAS AUTOPSY
ATIC					PERFORMED?
20g. ACCIDENT V	WAS_UNDERLYING [] 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of item 1B }	
🗠 OR CONTRIBUTIN	NG CAUSE OF DEATH				
Z 20c. TIME OF INJ	URY Manth, Doy, Year 20d.	INJURY OCCURRED 20e. PL	LACE OF INJURY (Hame, farm	, 20f. (City ar tawn)	(County) (State
Hour a. m	while	Not while fo	actory, street, affice bldg., etc.)	
	1.	rk ot work	6	0 Annil 16	61
27 I certify t	hat (1) (this haspital) atten	ded the deceased fram.	ADLIT TAT 18	ODE-W-	12, 19.61, that (I) (we) las
		19_VI, and that	death accurred at 1.1	W, from the causes ar	nd an the date stated above
220 SIGNATURE	Edgars M Mas	n laws	MLD ATTENDING ME	ED STAFF RECTOR STAFF	4-16-6
ZZc PHYS CIAN S	<i>f</i>		22d. ADDRESS	RECTOR AND PRIS	
NAME (Type	Edgars M. Mac	ulans, M.D.	Henryton A	State Hospita	1, Henryton, Md
230 BJR AL, CREMAT	ON, 236 DATE THEREOF	23c NAME OF CHMETERY C		23d, LOCAT ON (City, town,	
REMOVAL (Speci		LI SOVENIN	Po. (2)	FOMFOC	7. 7. 1.1
24 FUNERAL DIRECTO	DR'S SIGNATURE /	ADDRESS	1 5 250. REC'I	D BY REGISTRAR 250 REG	STRAR'S SIGNATURE
d/ t	To I ald	141201	act MADATEADE		1
1 1 17 - 1	- Lay 14	mal , guestell	T/ 3 / / // // B	20'61 00	Thus & Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

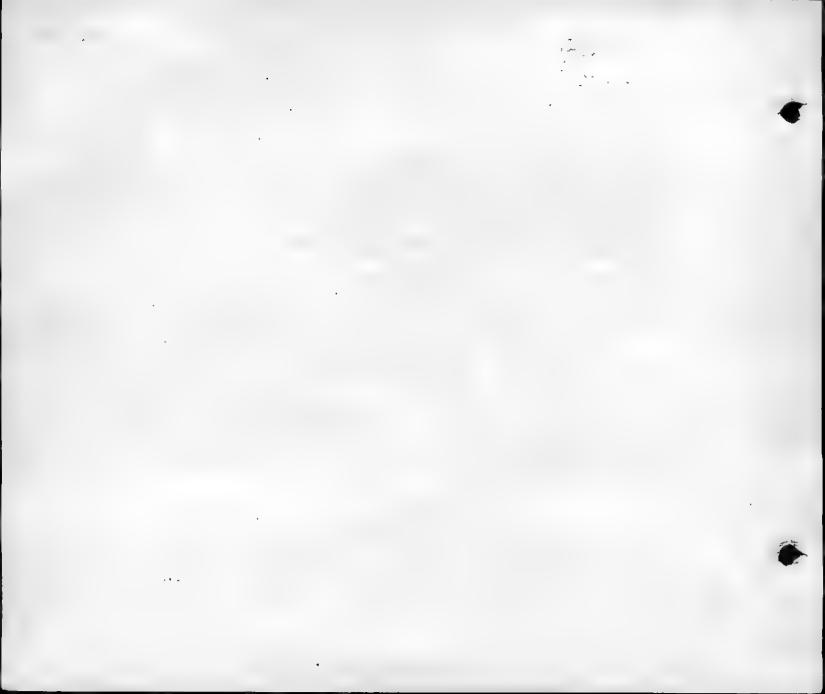
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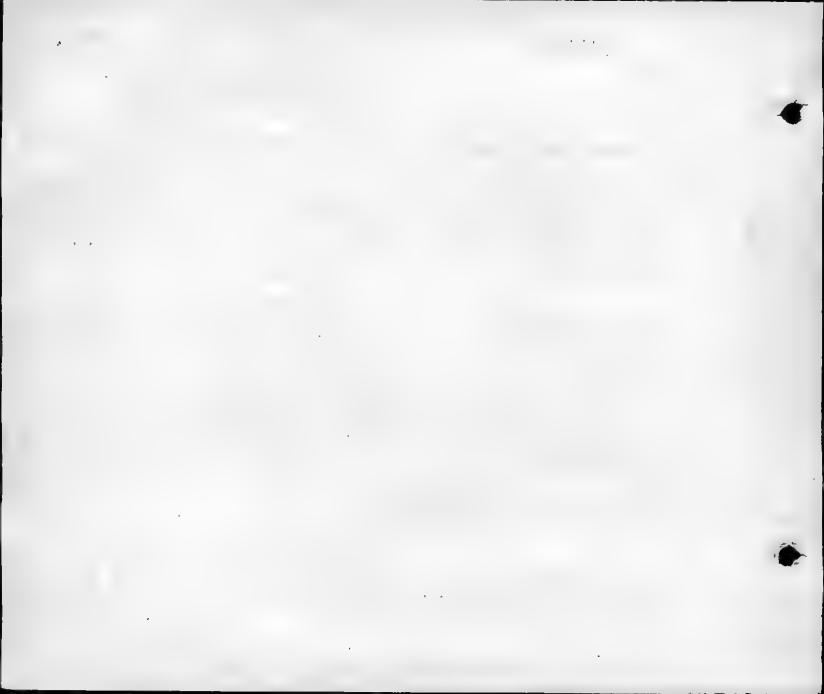
	7.147 CERTIF	FICATE OF DEATH	flatat
	ACE OF DEATH COUNTY MARY	YLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Resident to COUNTY COU	nce before admission)
9	CITY OR TOWN (If autside carporate limits, write RURAL and after nearest town) NAME OF SISTANTIA TOWNS (IN THE CONTROL OF SISTANTIAL OF SISTA	IN 1b c. CITY OR TOWN (If ayside corporate Imits, write RURAL and	give nearest tawn) e IS RESIDENCE ON A FARM?
3 NA	AME OF First Middle	11-11-18-1 OF	Day Year
5 SEX	ype or print) A THAT OUTEN A COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCE DIVORCE	last birthday) Months	2 19 6 R I YEAR IF UNDER 24 HRS Days Hours Min.
2	JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS Cooking most of working life, even if relited)	OR INDUSTRY 11. BIRTHPLACY State or Foreign country 12 CTT	TIZEN OF WHAT COUNTRY?
) 15 W	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR TY NC no. or unknown) [8] yes, give wer or dates of service)	14 MOTHER'S MALDEN HAME COLLECTION MICHEL Address Address	
	18. CAUSE OF DEATH [Enter only one couse per lige for (o), (b) fond (c) PART I. DEATH WAS CAUSED 8Y.	16 da Dud Mays, Samuel	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate (b)	elension	10 910
11.	cause (a), stating the under- lying cause last. (c)	ent Schrases Stully ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT I(a) 19. WAS ALTOPSY
RTIFICATI	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY CONTRIBUTING [] CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	PERFORMED? YES NO
	Column C	20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., stc.)	(County) (State
9	21 1 certify that (I) (this haspital) attended the deceased saw the deceased alive on april 1961, and 220 SIGNATURE?	from Cuc. 23 , 1961, to Park 21, 1961, that death accurred a Vizak, fram the causes and an the	that (I) (we) last ne date stated above
	Wyllia Frickles PHYS CIAN'S NAME (Type)	M.D. ATTENDING MED. STAFF PHYS. 22d ADDRESS	SIGNED Des D
23o J	NAME (Type)	M.D. PHYS. DIRECTOR PHYS.	nd (Store)

may be retained to be hospital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

TO HOSPITAL VR A1S (4) 1SM 9/59





DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 4149 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission 1. PLACE OF DEATH O. COUNTY CARROLL o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neorest town) WESTMINSTER INION MILL d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE the d. STREET ADDRESS OR INSTITUTION CARROLL 25 MEADOW UIEW YES NO 4 CONVALENCEN puo 4. DATE Middle Month Year Lost Day filled DECEASED DEATH Poges (Type or print) 196 IF LINDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX COLOR OR RACE B. DATE OF 7. MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED è WIDOWED YES popers. A. cample USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? goring most at working life, everyif retired) ond 22 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME event within ? physicion 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (If yes, give war or dates of service) aftending p 0 e05e INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only of e cause per line for (a) (b) and (c). ONSET AND DEATH 宣 PART I, DEATH WAS CAUSED BY Conditions, it ony, which (b) paubi permi gove rise to immediate couse (a), stating the underlying couse lost. been si burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY or attending physici cremation, PERFORMED? has YES 🖺 NO 🏴 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED Jenter nature of injury in Port 1 or Part II of certificate OR CONTRIBUTING | CAUSE OF DEATH os the b (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or town) (State) 20c TIME OF INJURY 20d. INJURY OCCURRED (Caunty) Doy, Year factory, street, office bldg., etc.) Haur a.m. While Not while After this at wark at wark p. m. 2). I certify that (I) (this haspital) attended the deceased from. , that (I) {we} tost be detached M, from the causes and an the date stated above. sow the deceosed olive un. ond that death occurred at FUNERAL DIRECTOR: 22a SIGNATURE ATTENDING PHYS. DIRECTOR . PHYS 🗔 22c. PHYSICIAN 3 should page 3 sh the State LOCATION (City, town, or county) 23a BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d (State) KPMOVAL (Specify) 0 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR Tun S. France VR A15 (4) 15M 9/59

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Haur a.m.

MARYLAND STATE DEPARTMENT OF HEALTH

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ian: Residence befare admission

(State)

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR
150	CERTIFICATE OF DEATH

	4150	CERTIFICA	TE OF DEATH
1	PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institute a. STATE b. COUNTY
	b CITY OR TOWN (if autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write

Frederick RURAL and give nearest tawn) Sykesville

d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION 11 mo. - 20 das. Middletown d. STREET ADDRESS e. IS RESIDENCE ON-A FARM? YES NO Springfield State Hospital NAME OF Middle 4. DATE Manth Day Year Remsberg Keller DEATH Amos (Type or print) 1967 29 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS SEX last birthdayl Manths Days Male White WIDOWED T DIVORCED | December 3. 6 100 USJAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Farmer	Farming	HSTATSHO	U.D.R.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Charles Keller		- Annie Remsbe	rg			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give wer or date of service)	16. SOCIAL SECURITY NO.	17, INFORMANT	Address			
No — (It yes, give way or base or service)	**	Springfield Hospital	Records			
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Caration	interval between onset and deat 2 weeks			
420 DUE TO	mycarurar ini	gi Colon.	& WOULD			
Canditians, if any, which gave rise to immediate cause (a), stating the under-	Coromary occl	lusion.	2 weeks			
lying cause last (c)	Arteriosclerotic heart disease.					
C.B.S. assoc. with seni	S CONTRACTING TO DEAT	How with property of the second	DITION GIVEN IN PART I(a) 19 WAS ALTOF PERFORMED YES NO			
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of i	tem 18.)			

OR CONTRIBUTING
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (State) Day, Year 20d INJURY OCCURRED (County)

While Nat while at work 21 I certify that (1) (this haspital) attended the deceased from March 9, ended the deceased fram March 9, 1961, to April 29, 1961, that (1) (we) last 20, 1961, and that death accurred a 10: M, from the causes and an the date stated above.

factory, street, affice bldg., etc.

saw the deceased alive an April SIGNED MED. STAFF PHYS

M.D 22c PHYSICIAN'S 22d. ADDRESS Springfield Hospital, Sykesville, Md. Agustin delCampo, M.D.

23b. DATE THEREOF 23d LOCATION (City, lawn, or county) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Middletown, 2/1967

Reformed Cemetery burial 24, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Middletown, Md. Company, DATE MAY 3 arthur S. Krons

VR A15 (4) ISM 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVIDION .		THE RECORDS - BALTIMORE I, MARTEAND	
		TE OF DEATH	0414
Item le.	Film G203	#/15/61 iwk	
		Z. USUAL RESIDENCE (Where deceased lived if institution	Residence before admission)
	MARYLAND	b. COUNTY	
	THE TENTO	Maryland B	10 TO
orporate limits, write	CAENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RUR	AL and give negrest town)
)	0 MARKS & 2		

/). PLACE OF DEATH o. COUNTY	2.001	4.70	111m OLO	2.	USUAL RESIDENCE o. STATE	(Where deceas	ed lived If institu	tion Resident	e before o	idmiss-on)
1	Carroll			MARYLAND		Marvlar	nđ	b. COUNT	Builded	10043	
1	b. CITY OR TOWN (RURAL and give n	If cutside corporate lim earest town)	ts, write	CHENGTH OF STAY IN 15)	c. CITY OR TOWN		orote limits, write	RURAL and g	iva nearest	town]
ď	Sykesvi			/////day	'8	Baltimo			12,1	ir .	1 7
_	OR INSTITUTION	TAL (If not in hospital, g	jive street (oddress)		d STREET ADDRES	S			e	S RESIDENCE ON A FARM?
5	Springf	ield State	Hospi	tal		703 S.	Potoma	c St.		Y	ES NO D
	3. NAME OF DECEASED	Fi	sì	Middle		Last	4. DATE OF	Mi	onth	Day	Year
	(Type or print)	Jose	ph			Kujawa	DEATI	4 /		8	196I
	S SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B D	ATS OF BIRTH		9 AGE (In year			UNDER 24 HRS
	Male	White	WIDOWE	D DIVORCED		1_5-96		last birthdoy)	1110111111	Days H	ours Min
į.	10a. USUAL OCCUPATION	ON (Give kind of work	done 10b	KIND OF BUSINESS OR IND	USTRY	111 BIRTHPLACE (S	tate ar foreign			ZEN OF WI	HAT COUNTRY?
	during most at wor	king life, even if refired)				_	,,			
	Watchman 13. FATHER'S NAME	11/	MAT'S MAIDE	rland_			U.S.	A.a			
	_										
	Frank K	ujawa	ccco l		INFOR		ohine B	ednarsk			
		(If yes, give war or dates of s		SOCIAL SECURITY NO. 117 19-12-8418	INFOR				ldress		
	No					Springfie	ald Rec	ords			
		ATH [Enter only one co	use per lin	e for (a), (b), and (c)							AL BETWEEN AND DEATH
	PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	G C	A of lung.							ths
	1/3	DUE TO									
	Conditions, if o	ony, which)								ĺ	
	gove rise to i	immediate (1	
	Cause (a), stating lying cause last	the <u>under-</u>									
	Z PART II OT	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY									
	PART IL OTI					110010010011	District of Deri	20 00,40,1 0,4 0		P	ERFORMED?
	20m ACCIDENT W	AS UNDERLYING []	20h DESC	RIBE HOW INJURY OCCUR	DED /E.	nter esture of inves	un Part Lor Pe	et II of dem 18)		1 10	S NO L
	OR CONTRIBUTING	CAUSE OF DEATH	200. DEGE	ANDE HOT HISOKI OCCOR	KLD (LI	nier noithe ar injury	, in run i oi re	ar tro-trem rg.,			
			2001		D1 4 00						
	Y 20c TIME OF INJUI		While			OF INJURY (Home, street, office bldg.,		ty or town)	(€	ounty)	(State)
	¥ p. m.	19	at work								
	21 I certify the	ot (I) (this haspital) attend	ed the deceased from	2	/22/61	19 to	4/8/61	19	that	(1) (we) last
			8/61	19 , and that							
	220. SIGNATURE	_1		/			and an interest of	1110 000303	ind divino	3010 37	226 DATE
	One	olin dell	Car	nepr	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS T		,	18/61
	22c PHYSICIAN S NAME (Type)	% —	-			22d. ADDRESS	DIRECTOR L			h	70,01
	NAME (Type)	ustin del (amno	M.D.		Springfie	eld Hos	pital. S	vkesvi	lle.	Maryland
	23o BURIAL, CREMAT C			23c NAME OF CEMETERY	OP CP			ATION (City, town	**		
	REMOVAL Specify			St. Stani				idalk A		Md.	(State)
	24. FUNERAL DIRECTOR		- ana	ADDRESS				TRAR 256 REC			

JOHN J. DUDA 2829 Hudson St. 24, Md. Chilling & thousa



MARYLAND STATE DEPARTMENT OF HEALT	Н
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, M	ARYLAN
CERTIFICATE OF DEATH	

MARYLAND

4153	 C
PLACE OF DEATH o. COUNTY Cannoll	

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Balto.City

	OTH OF STAY IN 16
RURAL ond give negres! town) Sylogeville 1VI	3mos.20days

c CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Paltimore 1

d. NAME OF HOSPITAL (If not in hospital, give street address)

Hour a.m.

d. STREET ADDRESS e. IS RESIDEN

(County)

Datter S. Thomas

(Stote)

 Springfield State Hospital			7 W. Preston St.				YES NO TE		
3 NAME OF First DECEASED (Type or print) Edith			Middle Foster	Lopez	4. DATE OF DEATH	April	_	Day	Year 1961
s sex Female	6 COLOR OR RACE				<u> </u>		Months Do		
10a USJAL OCCUPATION during most of work Housewife	US.A. 11 BIRTHPLACE (State or foreign country) Maryland U.S.A. 14 MOTHER'S MAIDEN NAME				U.S.A.				
13 FATHER'S NAME									

ı	13 PATTICK STRAILE		The motives of the most transfer	
Į	Joseph Foster		Annie Warner	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT Address	
	(Yes, no, or unknown) (If yes, give wor or dates of service)	-	Springfield Hospital Records	
	18. CAUSE OF DEATH [Enter only one couse pe	er line for (o), (b), and (c).]		INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Recurrent ca	rdiovascular accident	Days
	H 4 3 X DUE TO			
	Conditions, if ony, which) (b)	Hypertensive	arteriosclerotic cardiovascular	Years.

gove rise to immediate disease DUE TO cause (a), sloting the underlying couse last. PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 PERFORMED? Diabetes Mellitus. Involutional psychotic reaction.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

CERTIFICATION MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg., etc.)

Not while

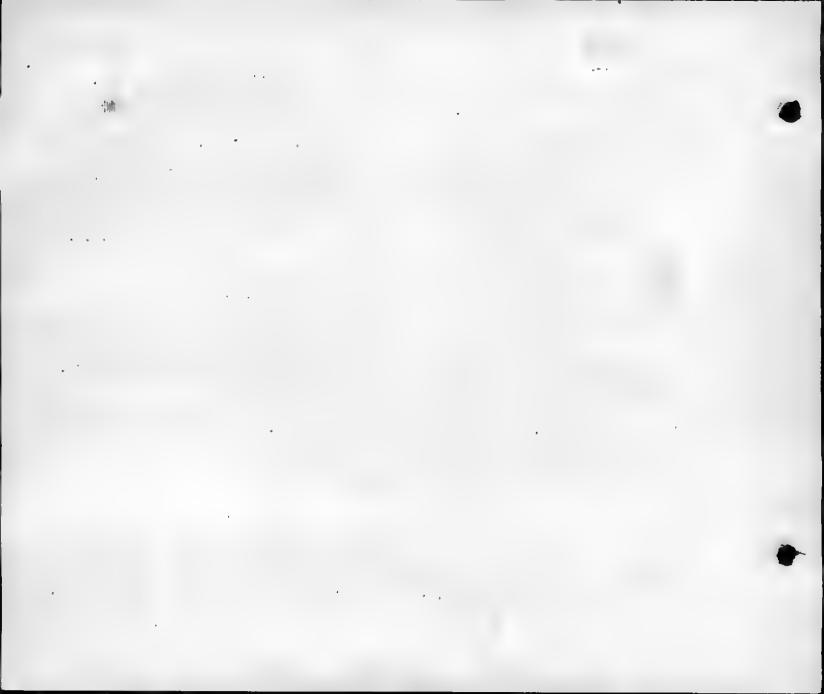
While

at wark p m. at work to April 1961, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from December

saw	the decease	ed alive an	April	12, 19 61,	and that	death	accurred	airl	- 4W, Afrom	the caus	ses and	an the date	stated ab	ove
220.	SIGNATURE	4.	-1-	10.	1-		ATTENDING		MED	CTACE	-		226 DA	
	Lleys	126221	acc	ann	19-6	M.D	ATTENDING PHYS.		MED DIRECTOR	PHYS	3		4/19/8)T
27£	PHYSICIAN'S NAME (Type)		-	- //			22d. ADDRES	S						
	NAME (P)	Amsti	n del C	lamno. MI)_		Sprin	ofi	eld Hos	mital	. Svi	kesville	Md.	

	23a BURIAL CREMATION, 236 DATE THEREOF	286 NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION (C	ity, joyn, or county) (State)
	REMOVA (Specify) 11 - 2/- 6/	Wilder Bank	1 44-13	Stimore Med
П	7 7 8 1	* af eff CONCOUNTY K	spoon of the fo	CONTROL OF THE
	24_FUNERAL DIRECTOR'S S.GNATURE	ADDRESS	250 REC'D BY REGISTRAR	256 REGISTRAR'S SIGNATURE
ı	I 115 Od . 10	V7.1	A Charles The Action	
	Trongs In I Clivicalist	11/11 1 92 0/1	/ DATE 振網面 2 点 'G1	at a contract of the contract

VR A15 (II) 15M 9/59



Division of STATISTICAL RESEAR BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where decresed lived, If institution, Residence before edmission] I director, Page or your files. e. COUNTY Health. e. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If ontside corporate-I mits, write RURAL end give neerest town) for your write RURAL and glys neerest jown) 5 Board d. NAME OF HOSPITAL OR INSUJUTION (if not in hospital, a ve street address) d. STREET ADDRESS e. IS RESIDENCE funeral ON A FARM? retained State YES NO NAME OF 4. DATE DECEASED OF DEATH 华 (Type or print) 19 IRM COLOR OR RACE 5. 5EX DATE OF BIRTH 9. AGE (In Wears | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest b rifidey) and 2 w and Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages pages | within FATHERSMAME P.M3. MOTHER'S MAIDEN NAME 8, Give 9 16. SOCIAL SECURITY NO. | 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES with for permit. (Yes, no, or unkown) ((If yesg 'vewerordetesofservice)) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO burial Conditions, if eny, which (b) geve rise to immediate cause æ DUE TO (a), stating the underlying cause last. PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY CERTIFICATION PERFORMED? å стета Medical NO pinous 20s. EXTERNAL CAUSE WAS PRIMARY THE CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Itam 18.) hief 19 3 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY (County) (State) the Page While Not While et work p.m. certificate, forwarded to t Inspection 21. I certify that I took charge of the remains described above, held an Autopsy | Inquiry | and in my opinion death resulted from Natural causes Accident Suicide Homicida Undetermined manner should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER BIGNATURE DEPUTY EXAMINER'S NAME (Typh) JAMES 226. DATE THEREOF Address (Street, city, town, or county) 220. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Ö 40 9 ā EUNERAL DIRECTOR REC'D BY REGISTRAR 246. REGISTRÁR'S SIGNATURE 240 VS. A15ME APR 25 arthur S. Thomas 5M 7/59

AND STATE DEPARTMENT OF HEALTH



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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

before admission)

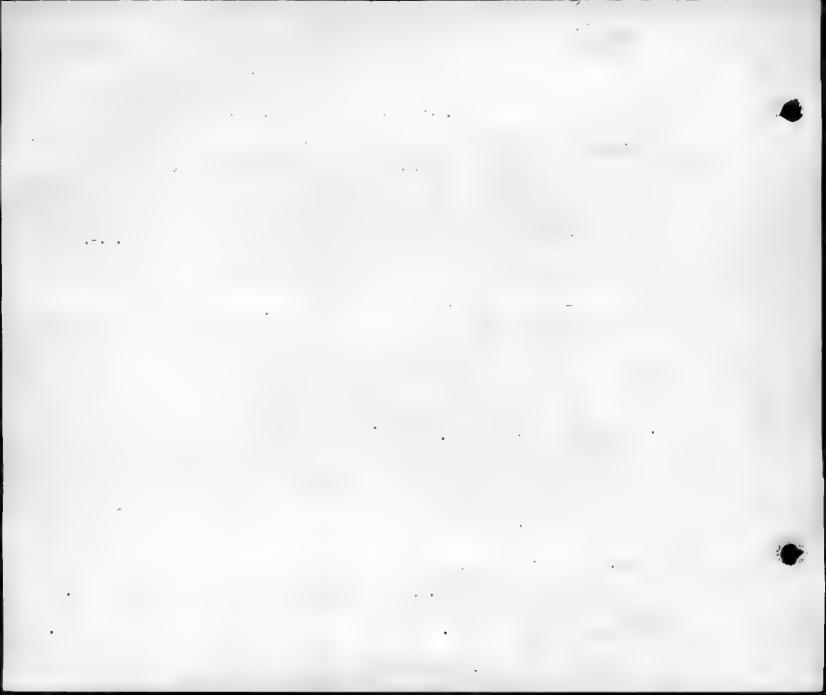
NI.	0100	CERTIFICA	IE OF DEATH		
	1 PLACE OF DEATH			ere deceased fived. If institution	on- Residence before admission)
	Carroll	MARYLAND	o. STATE Maryla	and b. COUNTY	Frederick
	b. CITY OR TOWN (If autside carporate limits, wri	ite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If as	itside corporate limits, write R	URAL and give nearest town)
	RURAL ond give nearest town) Sykesville	2yrs.9months,	7days Jeffe	erson, RFD #1	
4 1	d. NAME OF HOSPITAL (If not in hospitol, give str OR INSTITUTION		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
- 4	Springfield_State_	Hospital	_	1 .	YES NO DX
	3 NAME OF First	Middle	Last	4. DATE Mon	th Day Year
Ė.	(Type or print) Robert	Patrick	McKenzie	DEATH April	6, 1961
ś	5 SEX 6. COLOR OR RACE 7. N	AARRIED 🔼 NEVER MARRIED 🔲	B DATE OF BIRTH	9 AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male White WID	OWED DIVORCED	March 15, 189	98 63 yrs.	Manths Days Hours Min.
0	100 JSUAL OCCUPATION (Give kind of wark done during most af warking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Factory worker	_	Maryland		U.S.A.
	13 FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
(T)	James McKenzie		Rebecca I	Bolden .	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No. or unknown) [[If yes, give wor or dates of service]	TO SOCIAL SECONITI TO	NFORMANT	Add	
,	No -	217-10-1236	Springfield I	lospital Recor	ds
3	18. CAUSE OF DEATH [Enter only one couse p	er line far (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Heart failure			Weeks
	DUE TO				
	Conditions, if ony, which) (b)	Hypertrophy of	f right ventri	.cle	Months
	gove rise to immediate DUE TO				
i	lying couse lost (c)	Bronch opneumon			Days
	Manic depressive reac Healed pulmonary tuber	NS CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PERFORMED?
	3 Healed pulmonary tuber	rculósis.			YES 🔼 NO 🗌
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art I or Port It of item 18)	
			ACE OF INJURY (Home, form,		(Caunty) (State)
	20c. TIME OF INJURY Month, Day, Yeor 20 Hour o. m. 19 of	/hile Not while fa	ictory, street, office bldg., etc.		
			June 19. 10	58 April 6,	19.61, that (I) (we) last
	21 I certify that (I) (this hospital) at saw the deceased alive an April	ended the deceased from.	death occurred a 6.5	,	nd on the date stated obave
í.	22a. SIGNATURE	16 1			226 DATE
	Clysselm all	Compo	M D PHYS DI	RECTOR PHYS	4/6/61
	NAME Type	1Campo, M.D.	22d ADDRESS	d Hospital,Syk	resville. Md.
5		23c NAME OF CEMETERY O	+	23d LOCATION (City, town,	
10	23d BUR AI, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial 4/10/61		OK CKEMATOK!	_ ` ` '	
	24 EUNERAL DIRECTOR'S SIGNATURE	St. Marys	250, RFC 6	Barnesvi] By REGISTRAR 256 REGI	STRAR'S SIGNATURE
	Constance C. Stella	n Barner		PR 11 61	Inthury S. Thousa
			1/1/1/1/10		

ENDING PHYSICIAN: The law requires that the deatll certificate to haspitat at attending physician.

CTOR: After this certificate has been staned by the attending physician TO HOSPITAL OR may be retained TO FUNERAL DIRECT

th Page 4

VR A15 (4) 15M 9/59

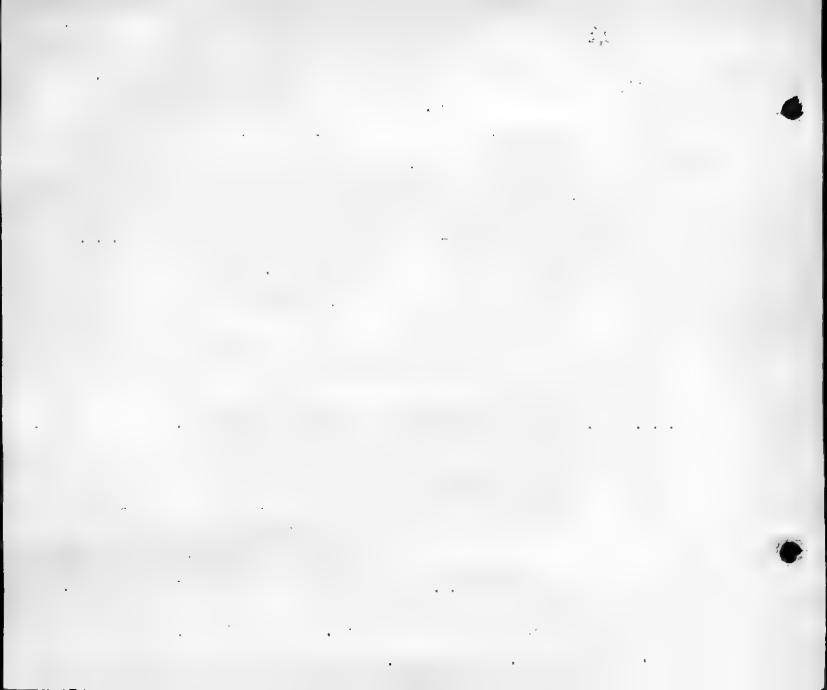


VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4157

1		LACE OF DEATH					USUAL RESID	ENCE (Wh	ere deceased	lived. If institution	in. Residence	before od	mission)
}	٥	Cal	croll		MARYLI	AND	o. STATE	Mary]	.and	b. COUNTY	Bal	to.Ci	ty 🗸
	t	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Sykesviile			c. LENGTH OF STAY IN	V 16	c. CITY OR TO	OWN (If o	utside corpore	ote limits, write R	JRAL and giv	re nearest f	lown)
co.					3mos.2da	ys		Ba lti	more 1	.8	2	$V\subseteq$	1 - 4
3	-	d NAME OF HOSPITAL (If not in haspital, give street address)			d STREET AD	DORESS				e. IS	RESIDENCE N A FARM?		
		Springfield State Hospital			51	O Ros	se Hill	Terrace	÷		NO 🗷		
	3 1	NAME OF DECEASED	Firs	î	Middle		Last		4. DATE	Mon	th	Day	Year
		Type or print)	Carr	ie	Adele		Miller		OF DEATH	Apri:	L :	10,	1961
	5 S	EX		7. MARRI	IED NEVER MARRIED) B	DATE OF BIRTH		9	AGE (In years lost birthdoy)			NDER 24 HRS
		Female	White	WIDOWE	D DIVORCED	20	May 6,	1876		84 yrs.	Midritis D	Days Ho	urs Min.
	10a	USUAL OCCUPATION during most of world	ON (Give kind of wark d	ane 10b, I	KIND OF BUSINESS OR	INDUST	Y 11 BIRTHPLA	CE (State	or foreign cou	intry)	12.CITIZE	EN OF WH	AT COUNTRY?
		Housewife			-		Mar	yland	ì		U	.S.A.	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
)		John Mil	ler			-	Marga	ret F	. Wils	on			
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (16s, no. or unknown) [16 yas, give wer or dates of service)						ess						
		No	_			Sp	ringfie	ld Ho	spital	Records	3		
	П	18. CAUSE OF DEA	ATH [Enter only one cou	ıse per (in	e for (o), (b), and (c).]							INTERVA	L BETWEEN
	PART I. DEATH WAS CAUSED BY Bronchopneumonia MMEDIATE CAUSE (c)										Da	ys	
		40	DUE TO										
		Conditions, if o	ny, which) (b)										
gave rise to immediate DUE TO													
	lying couse lost. (c)												
	S S	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?											
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I C.B.S. assoc. with senile brain disease with psychotic reaction.									NO A			
js.	₽	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH											
	CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER										
	MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Yea				E OF INJURY (H			or lown)	(Ca	ounty)	(Stote)
	MED	Hour a.m.	19	While of work	Not while	10010	iy, sirees, ortica	bidg., eic.	1				
		21 certify the	ot (1) (this haspital)	attend	ed the deceased f	rom J	anuary	8. 19	61 to Ar	ril 10,	1961	that (Il (we) lost
			sed olive on Apr		1961, and t								
		22a SIGNATURE											22b, DATE
		Clery	ilan coll	CASE	1/01	M.	D. PHYS.	DI MI	ED. Rector []	STAFF PHYS		4/	10/61 ED
		22c PHYS/L AN'S NAME (Type)					22d ADDRE						
		14496 (1766)	Agustin de	1.Camp	o, M.D.		Sprin	gfie.	Ld Hosp	ital,Syl	cesvil	ie, M	d.
	23a		N. 236 DATE THEREO	F	23c. NAME OF CEMET	ERY OR	CREMATORY		23d. LOCATI	ON (City, town,	or county)	-	State)
		BEMOVAL (Specify)	April 12	1961	Loudon 9	anh	Comt		Bal+:	ma e.a	Manuel	and	
-		FUNERAL DIRECTOR		,	ADDRESS	~~~	Causes	25a. REC'	D BY REGISTR	AR 25b. REGI	TRAR SISICI	TATURE	
l,	12	ohn A. Mc	ran 3000	E. E	Baltimore S	£.		DATE	PR 1 2	61	T. Thur P	french	



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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		5:30				0-1019
		LACE OF DEATH		2. USUAL RESIDENCE (WH	ere deceased lived. If institution	on: Residence before admission)
	٩	Carroll	MARYLAND	Maryla	b. COUNTY	Balto.City
/	íc	CITY OR TOWN (If outside corporate limits, w	rite c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write Rt	URAL and give nearest town)
		RURAL and give nearest town) Sykesville	32yrs.6mos.27da	ys Baltime	nre	2 A 6 1 - 13
.5	-	i NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION		d STREET ADDRESS	~ - 	e IS RESIDENCE ON A FARM?
		Springfield State Ho	snital	3115 E.	Baltimore St.	YES NO
	3. N	IAME OF First	Middle	Lost	4. PATE Mont	th Day Year
		Type or print) Eugen	e	Mincher	OF DEATH Apri	23. 19 61
	SS		MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years	IF UNDER LYEAR IF UNDER 24 HRS
		25 5	DOWED DIVORCED	May 4. 1882	lost birthday) 78 yrs	Months Doys Hours Min
	10a.	USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	, M	or foreign country)	12. CITIZEN OF WHAT COUNTRY
		Laborer	TH MANNEY	V Maryland	a .	U.S.A.
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
)	William B. Mincher		Mary J.	Mincher	
_		WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT	Addr	ess
	(24)	No -		Springfield He	ospital Records	3
		18. CAUSE OF DEATH [Enter only one couse				LINTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY.	Terminal bronch	looneumonia		Days.
		DUE TO				
		Conditions, if any, which) (b)				
		gave rise to immediate				
		lying cause lost.				
	Z	PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	CATION	Epilepsy with mental	deficiency Ge	eneralized art	eriosclerosis.	YES NO Z
	CERTIFIC	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)	·
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL		f=	ACE OF INJURY (Home, form clory, street, office bldg., etc.		(County) (State
	MED		While Not while 10	ciory, sirea, office orag., etc	*)	
		21 I certify that (I) (this hospital) of	ttended the deceased from I	March 7. 19	55 to April 23.	19_61 that (I) (we) las
		saw the deceased alive on Apri	1 22, 19 61, and that o	leath accurred 6:50	Mifrom the causes an	d an the date stated above
		220 SIGNATURE	0 0			226 DATE
		agricon del	Chracke	M.D ATTENDING M	RECTOR PHYS	4/23/61
		MAMERITYPE) A COLOTTO	To be D	22d ADDRESS	3 3 11 3 4 - 3 0-	4
		Agustin del	Campo, M.D.	Springile.	ld Hospital, S	ykesville, Ma.
	23a	BUR AL, CREMATION, 236 DATE THEREOF	234 NAME OF CEMETERY C	OR SHEMATORY	23d. LOCATION (City/ town,	or county) (3(ate)
	17	HILLIN H- 26-6	1 Hew Car	klikaj	Tallino	e. md.
	24.	FLANKAL DIRECTOR'S SIGNATURE	ADDRESS 1/	250. REC"	D BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
1	17	WHILD H. FYRIGHT	A Musicula	1/11/ - DATE	APR 2 8 '61	7 11 - 0 4



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Hour o.m.

MARYLAND STATE DEPARTMENT OF HEALTH

MORE 1, MARYLAND

	DIVISION OF	STATISTICAL RESEARCH	AND	RECORD	S —	BALT
4159		CERTIFICA	ATE	OF I	DE/	ATH

ICA	IE OF	DEATH				1141	5
		RESIDENCE (Who	ere deceased live	d. If institution	: Residence l	before adm	ession
LAND	a. STA	TE N - 2	a	b. COUNTY	Manade		{

PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: R a. STATE b. COUNTY Maryland	esidence before admission tontgomery
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA)	and give nearest town)
0.1	12 0 . 2021	- 11 represent	

SAKERATITE d. NAME OF HOSPITAL (If not in haspital, give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T Springfield State Hospital 4. DATE OF DEATH NAME OF First Middle Last Month Year DECEASED (Type or print) 19 William Minnia April IF UNDER TYEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO 8. DATE OF BIRTH AGE (In years last birthday) Months Doys Hours WIDOWED | DIVORCED [Male yrs. White

100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Draftsman Maryland II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

John Minnis Sarah Harrison 17. INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

No Springfield Records 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bilateral lobular pneumonia with multiple abscesses **DUE TO** Conditions, if ony, which (6)

gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?

Schizophrenic reaction, catatonic type

206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Dov. Year

Not while

of work at work 6-26-1961, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram... M, from the causes and an the date stated above. and that death accurred a45 saw the deceased alive an...

factory, street, affice bldg., etc.)

220 SIGNATURE 22b DATE 1961 ATTENDING STAFF PHYS M.D. PHYS. DIRECTOR

27c. PHYSIC AN'S 22d. ADDRESS NAME (Type)

Agustin del Campo.

Springfield H ospital, Sykesville, Md.

DATE APR 2 4 '61

YES 🔲 NO 🗍

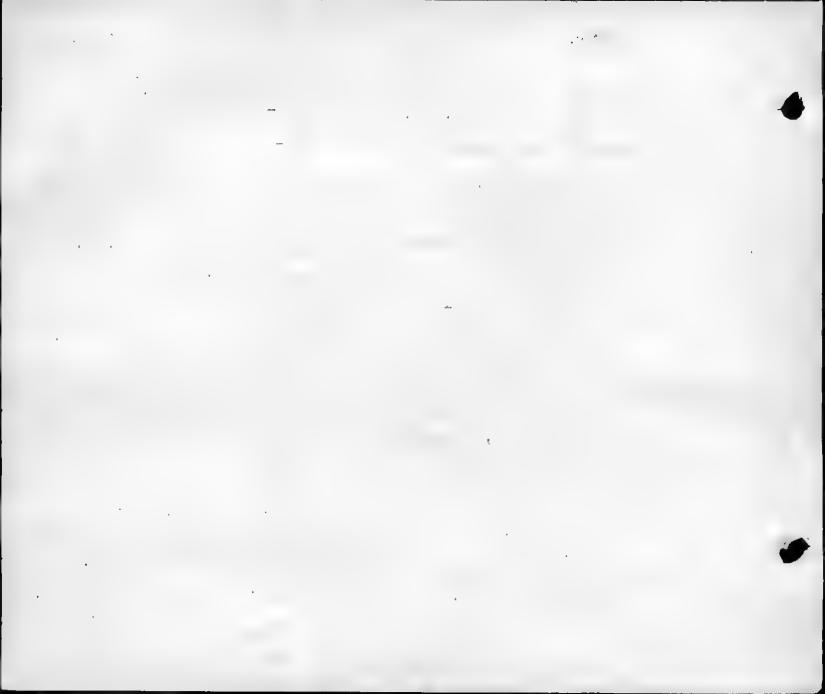
(Caunty)

arthur S. Kraus

(State)

(State) 250 REC'D BY REGISTRAR

D FUNERAL DIRECTOR: A Page 3 shauld be detach



VR A15 (4) 15M 9/59

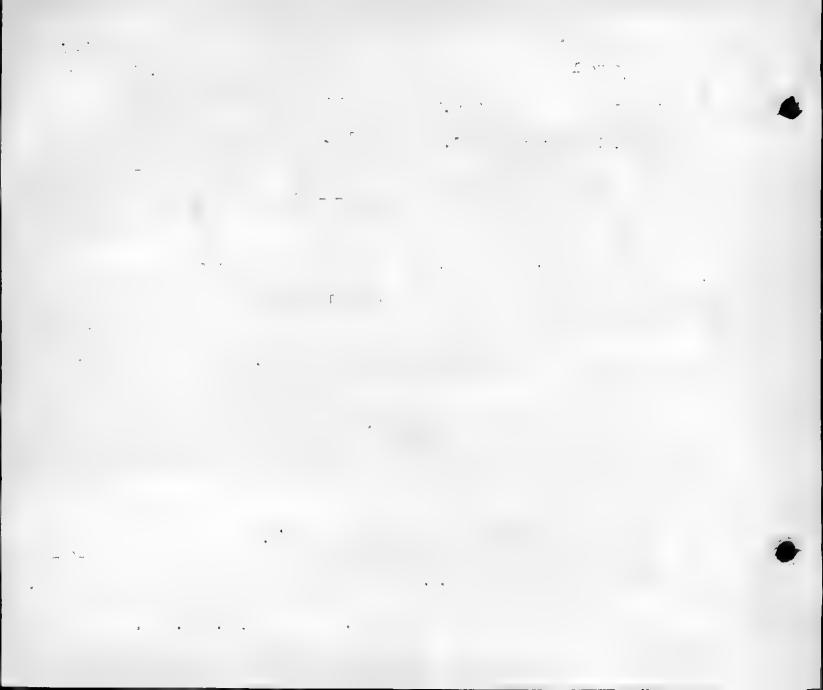
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 4160

		LACE OF DEATH . COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
\	ľ	Carroll	MARYLAND	a. STATE Manufaccounty CAMHI	
	b	CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
		RORAL and give nearest town)	5042	Westmante 21	
	d	NAME OF HOSPITAL (If not in hospital, give street OK)INSTITUTION	oddress)	d. STREET ADDRESS e IS RESIDEN ON A FAR	
	,	Jana apto 5-7	mari It	Rims libit 2 Man IT & YES NO	
	3 N	IAME OF First	Middle	Lost 4. DATE Month Day Year	
		PECEASED Type or print) RITHE	INNA 1	MOORE DEATH april 27 190	51
	5. \$	EX 6 COLOR OR RACE 7 MARE	RIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In/yeors IF JNDER 1 YEAR IF UNDER 24 (ost burthdoy) Months Days Hours	-
		Finale white widow	ED 4 DIVORCED	Months Doys Hours	Ain.
	1000	SUAL OCCUPATION (Give kind of work done 10b. during more of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	ITRY?
	1/2	rokkelph - Tairm	tue tore	Carrolleo. ma U.S.a.	
	13. [ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1		Howard Was	1/3	anne Ameliant	
/	15. 1 (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCTAC SECURITY NO. 17 I	NFORMANT Address	
			2	dgar D. Khode Keislerstom, Mid.	
		1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).	INTERVAL BETWE	
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Nelestal	tig Carringing 10mg	
		DUE TO	0	1	
		Conditions, if ony, which) (b)	arcumen	of descending Colon >46	1.
		gove rise to immediate couse (a), stating the under-	•		
		lying cause lost. (c)			
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME	DPSY D?
-	ICA.		-		<u>X</u>
	RTIF	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		7	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d II Hour a.m. While	t-	LACE OF INJURY (Home, form, 20f (City or town) (County) actory, street, affice bldg., etc.]	Stote)
	₩.	p. m. 19 of wor			
		21 I certify that (I) (this hospital) aftend			
		saw the deceased alive on Upl 2	-3 . 1964 and that a	death occurred F. 25TM, from the causes and an the date stated ob	ove.
		220 SIGNATURE	1.1.	M.D. PHYS DIRECTOR O PHYS O	TE BNED
		22c PHYSICIAN'S	wap to	M.D. ATTENDING MED. STAFF PHYS DIRECTOR PHYS D	
		NAME (Type)	heoko	85% W hen Wortunt Wes	
	22	AND THE PARTY OF T			
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (Stote)	ml
	1	SUNFAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE	114
	24	E. S. Mandan Ch	not been to	DATE APR 28'61 Cillus S. Kina	
	1	111 11/1/1/1/11 1/1/	VI MARTONICO	UALE RELIE	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 2161 CERTIFICATE OF DEATH PLACE OF DEATH Carroll director 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore County MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give neorest tawn) Baltimore 12vrs.3mths.22dvs Sykesville d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 1615 Dartford Road YES TO NO TO Springfield State Hospital Ξ, 4. DATE Middle filled DECEASED Clara Mager Nager 1061 (Type or print) DEATH COLOR OR RACE 7 MARRIED NEVER MARRIED White 10-8-1916 IF JINDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years lost birthdoy) Months Dovs Hours WIDOWED [7] 12 CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Uknowa Rumania Office work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjanin Fisher Pauline Aronowitz 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital records no INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: Myocardial Infarction minutes DUE TO Arteriosclerotic Heart Disease. vears Canditions, if any, which (b). gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PARK II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Schizophrenic reaction, paranoid type. YES 🔲 NO 😡 200 ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work p. m. at wark 21 I certify that (I) (this hospital) attended the deceased from March April 20 ond that death accurred at 6.50, from the causes and on the date stated above. April 20 1961 sow the deceased alive an ATTENDING PHYS. DIRECTOR T M.D. 22d. ADDRESS shauld del Campo Springfield State Hospital Sykesville, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City, town, or county) (State) Beth Sholom Cem. Cap. Hts. Md. 0 25h REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR **FUNERAL DIRECTOR'S SIGNATURE** Orthon S. Kruea 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

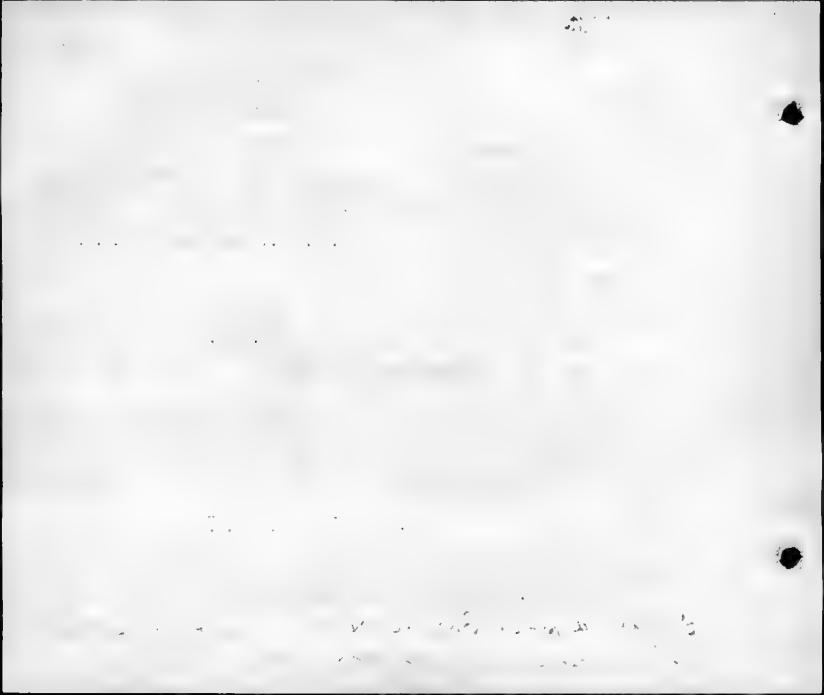


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	4162		CERTIF	ICA	TE OF DEATH			0	4156	
1. PLACE OF DEATH					2. USUAL RESIDENCE (WI	here deceased I		Residence t	sefore admiss	ion)
o. COUNTY Car	rell		MARY	LAND	o. STATE Maryla	a n d	b. COUNTY	Anne	Arund	el
b. CITY OR TOW!	N (If outside corporate lime e nearest town)	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If	outside corporo	te timits, write RUI	tAL and give	nearest town),
	ryton		1 day		Annapo	lis			07	1
	SPITAL (If not in hospital, g	jive street			d. STREET ADDRESS				e. IS RES	IDENCE FARM?
	ryton State	Hos	pital		52 Sha	aw Stre	et			No 😿
3. NAME OF DECEASED	Fid	's†	Middle		losi	4. DATE OF	Month			Year
(Type of print)		tric			Peal	DEATH	Apri			1961
5 SEX	6. COLOR OR RACE		HED NEVER MARRI	_	8 DATE OF BIRTH	9.	AGE (In years lost birthday)	Months Da		Min.
Female	Negro	WIDOW			2-12-10		51 yrs.	the event		
during most of v	ATION (Give kind of work working life, even if retired	done 10b	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stole	or foreign cou	ntry)		OF WHATC	OUNTRY
Non	le				A. A. Co.		land	U.S	3.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Joseph					Louise Br	rown				
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	. 17 IF	NFORMANT		Addres	iS.		
no.			unknown		Beatrice Pe	eal - F	atient			
18. CAUSE OF	DEATH Enter only one co	use per li	ne for (o), (b), and (c).]		4		1,	INTERVAL BE	TWEEN
PART 1. 1	DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c	, F	ar Advance	ed E	Bilateral Pul	lm. The			JIIJLI AIID	DEATH
7,6	DUE TO									
Conditions, i	fany, which) (b	, C	ardiovasc	ular	Insufficier	ncv				
gove rise to	immediate (
couse (a), stati lying couse la	ing the under-									
PART II.		1-	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(PERFO	RMED?
E	WAS UNDERLYING	20h DEC	CRIBE HOW INTIMEY O	CCUBBE	D (Enter noture of injury in	Post I as Bost I	Laf item 18 \		I IES [NOK
E OR CONTRIBUTI	ING CAUSE OF DEATH	200 003	CRIBE HOW INJURY O	CCORRE	n fruist nointe or infnià m	roll i or roll i	or trem to j			
		00 ()	THINK OCCUPAN	20- Bt	ACE OF IAINIBY (Harry form	706 4634	- 11	15		164.4
20c TIME OF IN	10	While of wor	NJURY OCCURRED Not while t of work	for	ACE OF INJURY (Home, form clory, street, office bldg., etc	n, 12ur. (City o	r town)	(Cour	niy)	(Stote
21. I certify	that (1) (this haspita	l) attend	led the deceased	fram.	4-13 16	61 to 4	-13	1961	that (I) (we) las
	eased alive an _4	-13	161 and	that o	leath accurred at	50, a.n	e causes and	on the d	ate stated	ahave
220 SIGNATURE	- (/			17141	0300000	.,,	10 200303 0110	an tho a		b DATE
	Bulgars Mi	me	molary		M.D. PHYS.	RECTOR T	STAFF PHYS		4-13	SIGNEI
22c PHYSICIAN					22d ADDRESS					
NAME (Type	Edgars M	. Ma	culams		Henryt	on Sta	te_Hospi	tal		
23ggBUR A., CREMA	TION, 236 DATE THERE		23 NAME OF CEM	ETERY O			ON (City, town, or		(Stot	e) -
REMOVAL (Spe	W 4-15-	11	BALLY	20	will.	C.	mari	el a	m	1.
24 FUNERAL DIRECT	- / / /	-	ADDRESS		25a. REC	D BY REGISTRA		RAR'S SIGN	TURE	<u></u>
X/V, (0,)	100 PRO 10	11	2 am	11)	/	BR 1 4 '6'	2.00	dun S. to		



VR A15 (4) 15M M/59 1 m

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

	6163	CERTIFICAT	TE OF DEATH	·	A.	4157
٦.	PLACE OF DEATH			ere deceased lived. If institution	on: Residence b	efore admission)
	o. COUNTY Carroll	MARYLAND	o. STATE Mary	land b. COUNTY	Montgo	mery
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RU	JRAL and give	nearest town)
	Sykesville	3 yrs.ll days	Silver S	pring	15	5- 1
	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION	et oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
L	Springfield State Ho	spital	8722 Cam	eron St.		YES NO
3.	NAME OF First	Middle	Lost	4. DATE Mont	th	Day Year
	(Type or print) Elsie Mam	ie Warfield I	Purdum	DEATH Apri	1 2	21 19 61
S.	SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	I. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doy	
	Female White WIDOV	WED DIVORCED	April 8, 188		moriins Doy	rs Hours Min.
10	to USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	during most of working life, even if retired) Practical Nurse	-	Marylan	d	U.S	.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
)L	Pradby Warfield		Mary Br			
15	(as, no, or unknown) [1] (If yes, give wor or dates of service)		FORMANT	Addr		
L	No -	- 8	opringfield H	ospital Record	8	
	1B. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			111	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	remia				Weeks
	6 0 2 DUE TO					
Conditions, if ony, which) (b) Pyelonephritis and renal calculus Month						Months
	gove rise to immediate couse (a), stating the under-					
,	lying couse lost.) (c)					. Inc. March Mitters
	Par II. OTHERS GNIFICANT CONDITIONS Psychotic depressive		NOT KELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PARI 1(0	PERFORMED?
Į,	20- ACCIDENT WAS HINDED VING ET 206 DE	SCRIBE HOW INJURY OCCURRED	/Catal autom of injury in 6	last Las Part II of Jam 18.)		YES 🔀 NO
CERTIFICATION		SCRIBE HOW HAJORI OCCORRED	(chier noture of injury in r	or for roll in or treat is y		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d.	En al	CE OF INJURY (Home, form, form, street, office bldg., atc.	20f. (City or town)	(Coun	ity) (Stot
MED	Hour o.m. While p. m. 19 of w	e Not while ork at work	ory, sired, orrice oreg., ale.		,	
	21. I certify that (I) (this hospital) after	nded the deceased fram	April 10. 19	58 to 4 - 21	19 4	that (I) (we) la
П	saw the deceased alive on $4 - 2/$			M, from the couses an		
	220 SIGNATURE	1 1				22b. DATE SIGNE
	Chouston del	Canyso "		RECTOR STAFF		310111
	224 PHYSICIANS NAME (700e) A manting of a Com-	N D	22d. ADDRESS	A Hannithan Code		363
	NAME (Me) Agustin del Camp	o, M.D?	phringiter	d Hospital,Syk	esville	, Ma.
23	BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR		23d LOCATION (City Iown, c	or county)	(Stote)
-	Burial 4/25/61	Providence		Kemptown,	Md.	W-186
24	FUNERAL DIRECTOR'S SIGNATURE	Damascus,	Ma		STRAR'S SIGNA	TURE
L	com a. In journa	,	DATE	25'61 04	1 9 K	



A

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OF

VS A15 (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		416	4	CERTI	IFICA	IE OF DE	AIH		Reg. Dist.	No. 14.1	58
	PLACE OF DEATH	- 2 2 -	and the second	MAR	rland	2. USUAL RESIDEN	CE (Where deceas	ed lived. If instituti b. COUNTY	And the second of	before admi	ssion)
12	->RURAL and give	(If outside corporate Innocest fown) Market (Lease	-	TT 4	IN 16	C. CUTY OR TOW	N (If autside carp	porate limits, write it	URAL and giv	at a second	m)
	d. NAME OF HOSE OR INSTITUTION	Manch	2	Paddress)		HALLEL		met Ro	# (ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Sus		MILLE T	TE	ESSER	4. DATE OF DEATI	Colore line	nth C	Doy Cc-	Year 196-1
	Hench	COLOR OF RAC	WIDOWE	DIVORCE	0 0 1	DATE OF BIRTH	1871	9. AGE (in years lost birthday) yrs,		bys Hours	Min
100	during most of we	IfON (Give kind of wordship) life, even if return Called Carry	k done 105 k ed)	KIND OF BUSINESS C	OR INDUST	11. BIRTHPLACE	(Stole or foreign	country)		15F	
13.	FATHER'S NAME	Drice	3720	eller		14 MOTHER'S MA	DEN HAME	levente	2η _e κ		
	WAS DECEASED EN	VER IN U. S. ARMED FI (If yes, give wor or dotes)		SOCIAL SECURITY NO		ORMANT J	20	Marcie		rocal"	d. [
		EATH (Enter only one EATH WAS CAUSED BY IMMEDIATE CAUSE	1	for (a), (b), and (c)	24	Ocche	usin			INTERVAL B ONSET ANI	
	Conditions, if	immediate	(b)	Cornery	ر	Seleros	ie	d		2,	oyks.
z	tying cause last		10) Hype	Music 10	arte	serveler	otec (redio-so	ru. A	12 × 2	Offer
FICATIO	Bena	& may	licie	res_					TEN IN PARI	PERF	ORMED?
L CERTI	(IF EITHER, NOTIF	VAS UNDERLYING AND CAUSE OF DEAT TY MEDICAL EXAMINES	1)	RISE HOW INJURY O	OCCURRED.	(Enler noture of inj	ury in Part I or Po	orf (1 of Hem 15.)			
MEDICA	20c, TIME OF INJU Hour o. m p. m	16	While	IJURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (Hom- ry, street, office bld	e, form, 20f. (Ci g., etc.)	ly or lown)	(Co	unty)	(Stote)
	21. I certify	that I attended the	ne decease	ed from Nov.	26	, 19 60 , to		6 , 19 <i>61</i>	_,that I la		
	ACTUAL SIGNATURE	that of	Bea	nleg	M.	o. Alle		Strapt, city or toyet,		4/7	ATE SIGNE
	PHYSICIAN'S NAME (Type)	Stuart K.	Reml	ey, M.D.		Gle	n Rock,	Penna.	dan diliyahida algar ugan sidar alga, wara ujib diji		
220	BURIAL, CREMAT REMOVAL (Special BUCKLES)	10N, 22b. DATE THEE	EQF	12c. NAME OF CEM	pr d	Cinea och		ATION (City, town,	or county)	(Sto	ite)
23. س	FUNERAL DIRECTO	OR'S SIGNATURE	. 6	ADDRESS	, ,	17	REC'D BY REGIS		STRAR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

6 years

PERFORMED? YES NO W

(State)

226 DATE

(State)

(County)

arthur S. France

Manths

e. IS RESIDENCI ON A FARM?

YES NO D

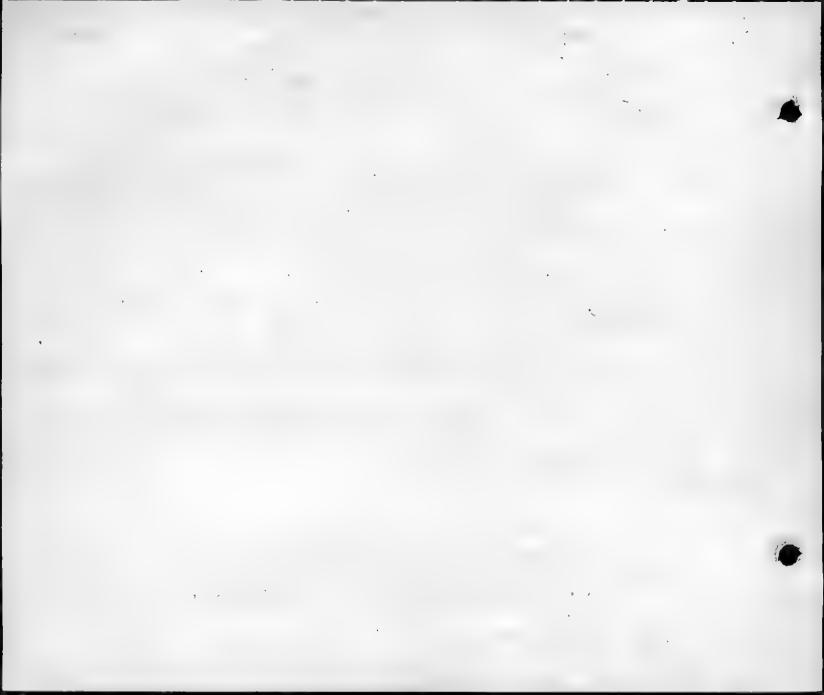
Year

19

PLACE OF DEATH 2 USUAL RESIDENCE (Whate deceased lived. If institution: Residence before admission) a. COUNTY Filed , b. COUNTY. MARYLAND b. CITY_OR TOWN (If autside carporate limits, write LENGTH OF STAY IN 16 OR TOWN (If outside carporate limits, write RURAL and give RORAL and awe hearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NAME OF DATE OF DEATH First Middle DECEASED (Type ar print) 9. AGE (In years last printed by) 6. COLOR OR RACE S SEX 7. MARRIED NEVER MARRIED WIDOWED | 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY dusing most of working life, eventif (elired) pub bon 72 h 14. MOTHER'S MAIDEN NAME 8 event, with гета 16. SOCIAL SECURITY NO. 17 INFORMAN attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (elleumorrhage Occophageal Varices DUE TO Chronice Arteriosclerotic Myocarditis permit. Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m. While Not while at work at work p. m. June 19 55 to April 14 1961 that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from..... be detached 1961 and that death occurred of \$50M, from the couses and on the date stated above saw the deceased alive on Apr TO FUNERAL DIRECTOR: page 3 should be detact the State Board of Health 22a, SIGNATURE ATTENDING STAFF PHYS. DIRECTOR . M.D. 22c PHYSICIAN S 22d ADDRESS NAME (Type) Hampstoad Md. 23d LOCATION (City, town, or county) 23a BUR, AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 256 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

manth mertificate

VR A15 (4) 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0/1160

	A166 CERTIFICA	TE OF DEATH	0.2100
1	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE)	b. COUNTY
7	b CITY OR TOWN (If outside corporole limits, write c LENGTH OF STAY IN 1b RURAL and give negrest fown)	c CITY OR TOWNVIII outside corporate la	mits, write RURAL and give nearest town)
Ų2	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	NAME OF First Middle	Lost 4. DATE	Month Day Year
	(Type or print) ULYSSES HAYES	SHIPLEY DEATH	april 3 196/
	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AG	SE (In/years IF JNDER 1 YEAR IF UNDER 24 HRS birthday) Months Days Hours Min.
)[00 USAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR INDI- during most af working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ina u.s.a.
		INFORMANT	Address
	Yes, no, or unknown) (If yes, give wer or dates of service)	m Bertha Rush	Shipley address
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	vis (Robbe	INTERVAL BETWEEN ONSET AND DEATH
	Conditions if any which	was Sitions	Quelen Seneral
	gave rise to immediate couse (o), stoting the under	franco	en p
	PART II. OTHER SIGNIFICANT COND TYONS CONTRIBUTING TO DEATH BY	T NOT RELATED TO THE TERMINAL DISEASE CON	ID TION GIVEN, N PART I(g) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BY TOURS OF DEATH 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER;	ED. (Enter nature of injury in Port I or Part II of	Z/Z/6/ YES NO 10
		Tool of himself him	
		PLACE OF INJURY (Home, form, 20f. (City or to actory, street, office bldg., etc.)	wn) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an CON 3 1961, and that		1961 , that (1) (we) last
	270 SIGNATURE	ATTENDING MED ST	causes and an the date stated above. 22b DATE S GNED YS
	22c PHYSICAN'S NAME (Type)	22d. ADDRESS WESTERN	terne 4/4/6
	30 BURIAL CREMATION, 236 DATE THEREOF 23C, NAME OF CEMETERY PREMOVAL (Specify)	OR CREMATORY 23d, LOCATION ((City, lown, or county) (State)
	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND HOME	250 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	A LINE DINGLAND	A F / / / / / / / / / / / / / / / / / /	Elitary d. / Marker

TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer the page 4 may be retained. The hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 pages death.

VR A15 (4) 15M 9/59



I director, Page or your files. For your Board of L 9 State the with may 1 This certificate should be executed within 24 hours after desaword "pending" in pendin 18. Give Pages 1, 2, and 3 dictal Examiner's Office along with form PM3. Page 5 may uld be used as a burial-transit permit. File pages 1 and 2 with cemetion, or removal, and in any eyent within 72 hours. should DEPUTY E. Certificate, writing should be forwarded to the Chief should be forwarded to Spee 3 age 3 st 2 designated 40

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECO W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il Institution: Residence e. COUNTY e. STATE b. COUNTY Maryland Carroll MARYLAND b. CITY OR TOWN (il outsida corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerast town 8vrs.lmo.18davs Sykesville Westminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 124 E. Green St. Springfield State Hospital 3. NAME OF Midda DATE DECEASED Smith, Jr. (Type or print) Elliot DEATH Charles April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 5. SEX February 21. Male White WIDOWED [DIVORCED [10a USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Elliot Smith. Sr. Mary Helen Weller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyesgivawerordatesofservica) 18. CAUSE OF DEATH |Enter only one cause par line for (a), (b), and (c),] PART I. DEATH WAS CAUSED 8Y, Acute congestive heart failure IMMEDIATE CAUSE (a) **DUE TO** Status Convulsivus Conditions, il any, which gava rise to immediate cause **DUE TO** (a), stating the underlying Epilepsy associated with birth injury cause last. CERTIFICATION 20s, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Itam 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) Not While factory, street, office bldg., atc.) at work - at work -21. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🔼 Natural causes 🛣 death resulted from: Accident Suicide [Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James T. Marsh. M.D. NAME (Typa) Address (Streat, city, lown, or county) 220. SURIAL CREMATION | 226. DATE THEREOF CEMOYAL (Specify)

AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Springfield Hospital Records INTERVAL BETWEEN ONSET AND DEATH Minutes Life C.D.S. assoc. with convulsive disorder with psychotic reaction.

19. WAS AUTOSY
PERFORMED? NO (County) (Stata) Inquiry X and in my opinion Undetermined manner DATE SIGNED ar country) 24b. REGISTRAK'S SIGNATURE arthur S. Krana

Carroll

IS RESIDENCE ON A FARM?

YES NO TO

19 61

VS. A15ME 5M 7/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

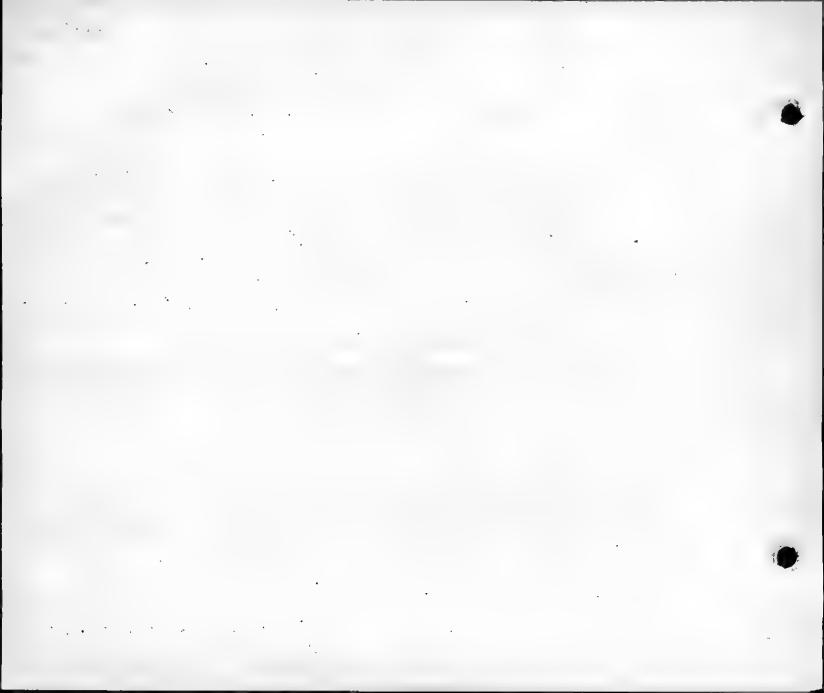
CERTIFICATE OF DEATH

1.100

1		[p. 10									LAE.
)		COUNTY Cas	roll		MAR	rland 2.	usual residence (W. state Maryla;	_	6 COUNTY	Residence bef Dorche	/
	ь	CITY OR TOWN (IF	outs'de corporate limi	ts, write	c LENGTH OF STAY	IN 16	c. CITY OR TOWN (If	autside carporate l	mits, write RURA	L and give n	earest town)
		RURAL and give new Henryto			770 day	8	Madiso	n			
	d,	NAME OF HOSPITA	AL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
			on State H	ospi	tal					-2	YES NO
		AME OF	Fir	st	Middle	,	Last	4. DATE	Manth	0	Day Year
	(Ty	CEASED rpe ar print)	John		William		Stanley	OF DEATH	April		1961
	5 SEX	X	6. COLOR OR RACE	7 MARRI	IED 🔣 NEVER MARRI	ED 🔲 8. E	ATE OF BIRTH	9 A	11111	onths Days	R IF UNDER 24 HRS
	Ma	ale	Negro	WIDOWE	D DIVORCE	D 🗆 🕴	5-1888	7:	утѕ	Dioris Doys	PIOUES MIII
	10a, L	USUAL OCCUPATIO	N (Give kind of work	done 10b. I	KIND OF BUSINESS C	OR INDUSTR	11 B RTHPLACE (Stote	e ar foreign country	1	12 CITIZEN C	OF WHAT COUNTRY?
	a	Farmer	ing life, even if retired	,	Farming		Dorchest	er count yland	y	U.S.	A
	13. FA	THER'S NAME			rarming	11	4 MOTHER'S MAIDEN			0.0	• A •
			Stanley					a Jane			
/		AS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17, INFO	RMANT		Address		
		io, or unknown) (I	If yes, give war or dates of s		20-05-020	3 Ros	sie Payne	Box 41,	Church	Creek	c, Md.
	18	8. CAUSE OF DEA	TH [Enler only one co	use per lin	e for (o), (b), and (c)	.]					TERVAL BETWEEN
		PART I. DEAT	H WAS CAUSED BY:	Ce	rebro-vas	cular	accident			Or	NSET AND DEATH
		in my	IMMEDIATE CAUSE (o		- 0 - 2 0 1 0 0						
		my . ,	DUE TO		1 1 7 1						
		Conditions, if ar		, S	yphilis,	arter:	<u>losclerosi</u>	8			
		couse (a), staling t									
		lying couse lost.)	<u>Far Advan</u>	ced B	<u>llateral P</u>	ulm. Tbc		1	
	No.	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERA	AINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
	FICATION										YES NO Z
at	CERTI	OG. ACCIDENT WA OR CONTRIBUTING OF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b DESC	CRIBE HOW INJURY C	OCCURRED. (Enter nature of injury en	Part I or Port II of	fitem 18)		
	MEDICAL	Oc. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Ye	While at work	JURY OCCURRED Not while	20e. PLACE factor	OF INJURY (Hame, far , street, affice bldg., et	m, 20f. (City or to	own)	(Count)	y) (State)
	2	1 Leertify the	t (I) (this haspital) ottend	ed the deceased	from 2	-21 _ u	59 to 4-	L.	10 61	that (I) (we) last
	1 1	aw the decease	. , .	4-1-	. 61		5:0	JU a.m.			te stated abave.
	I hour	OH SIGNIATURE C	/		7 7 0110	i inai dea	th accurred of		causes and t	an rne doi	22h DATE
		16 SIGNATURE 16	dyarts M.	Men	rlacy	M.D	ATTENDING ATTENDING	MED ST DIRECTOR IN PI	TAFF HYS.	4-1-6	5 GNED
à	2	2c PHYSICIAN'S	2				22d. ADDRESS				
1		NAME (Type)	dgars M. l	Macul	ans		Henryton	State F	lospital	,Henr	yton,Md.
			N, 23b DATE THEREC)F	23c NAME OF CEM	AETERY OR C	REMATORY	23d LOCATION	(City, town, or c	ounty)	(State)
-	Re	m-buria	1 4/6/196	51	Madisor	Ceme			on Dor.		laryland
Pale State	24 84	MERAL DIRECTOR	SIGNATURE	1.	ADDRESS	les da	M	C'D BY REGISTRAR	256 REGISTRA		
10	100	July 1	y ruce	-/-	C4-77	40	P /A DATE	APR 1 0 '61	CM	hun S. Th	rails



VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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oth. Page 4

retaine. The haspital or attending physician.

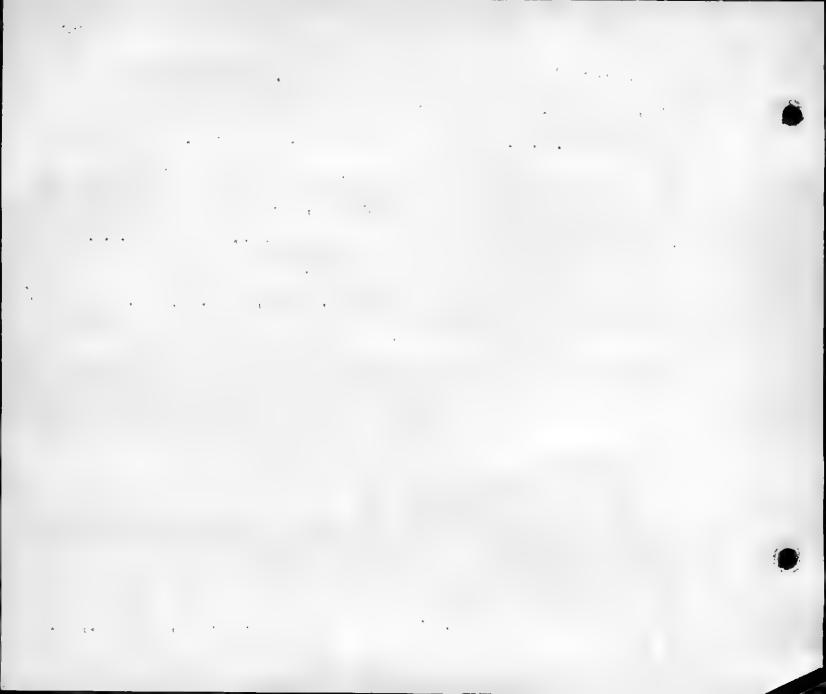
**AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remove corbon papers Pages 1 and 2 should be filed with a Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO HOSP	TO FUNER page 3:	
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			_ 12		CERTII	CALL	OI DE	7111					_	
	1. P	LACE OF DEATH					- CTATE		re deceased	I lived. If institution b. COUNTY	n: Residence	e befare	admissio	on) /
		Carr	011		MARY	LAND	Per	nna.		8. COUNTT	Ada	uns		
	ь	. CITY OR TOWN (If RURAL and give nea	autside carporate limit	s, write	c LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If ou	tside corpo	rate limits, write RI	URAL and gi	ve neare:	it tawn)	3.0
		Rural, Wes	tminster		1 Year		Li	ttles	town			7		X -
p.P ⁴	-	I. NAME OF HOSPITA OR INSTITUTION	Meadow Vie	we street W Co	nvalescent	Home	d. STREET ADD		ng St	reet.			IS RESII	FARM?
		NAME OF	Firs		Middle		Last		4. DATE	Man	al.		===	ear
	L C	PECEASED Type or print)	Catheri		Rose	Tho	mpson		OF DEATH	April		Day		9 61
	5. S	EX	6. COLOR OR RACE	7- MARE	RIED NEVER MARRI	ED 🔲 B C	ATE OF BIRTH			9 AGE (In years	IF UNDER 1			
1	Ь—	Female	White	WIDOWI	ED DIVORCE	□ J	une 22,			77 yrs.			taurs	Min.
	10a.	USUAL OCCUPATION	N (Give kind of work on ng life, even if retired)	one 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLAC	E (State a	r foreign co	ountry)	12. CITIZ	EN OF W	'HAT CO	DUNTRY
	Re	tired Hous			wn home		Baltin	more,	Md.		U.S	$S_{\bullet}\Lambda_{\bullet}$		
	13	FATHER'S NAME				1	4. MOTHER'S M.	AIDEN NA	ME			-		
		John Schwi	artzkoph				Bern	adin	e Pun	te				
			IN U. S ARMED FOR		SOCIAL SECURITY NO	. 17, INFO	RMANT			Addr	'ess			Pa.
	11424	ind, or americanity (it	yes, give war or dates of se	N	lone	Evel	yn C. A	1toff	, 104	E. King	St. I	Litt:	Lest	own
		1B. CAUSE OF DEAT	H [Enter only one con	use per l'i	ne for (a), (b), and (c).	1						INTERV	AL BET	WEEN
		PART I. DEAT	H WAS CAUSED BY.	(1)	T 120	ente	i can	1:.	1214	lan de		ONSET	AND I	HTAG
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	П	Canditions if an	4 2									"		
		Canditians, if an gove rise to im	mediate (
		cause (a), stating th	te under- DUE TO											
	z	lying cause last.) (c)	1471/1541C (CONTRIBUTING TO DE	ATH BUT NO	T BELATED TO TI	DE TERNAIN	IAL DICEASI	E CONOTION CIV	Chi Ihi DADT	1/-1/19	MAZAS A	LITORSY
	CATION	FARI III OTHE	K SIGNIFICANT CON	NI CHOIS (COMIKIBOTING TO DE	WILL BOLLAC	N KEDATED TO TE	HE LEKAUN	IAL DISEAS	E CONDITION GIV	EN IN PARI		PERFOR	MED?
	CEITTE	20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature af i	njury in Po	ort I ar Port	t It of item 18.)				
	1	20c. TIME OF INJURY			a. a.c.ippep	20. BLACE	OF INVIOUS (III-	fa	lant test		1.0			45
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		saw the decease	ed alive an	wi!	19.4/, and	that dea	th accurred	at/	M, fram	the causes an	d an the	date s	tated	abave
		220. S.GRATURE	7	,	,			/		47166			22b.	DATE SIGNED
		(Block	Mark	ind	/	M.D		MEL	ECTOR 🔲	STAFF PHYS				3101455
		22c. PHYSICIAN'S NAME (Type)	EAH M	A-1	TLAND		22d. ADDRESS	itt	le v	Sm.	2			
	230	BUR AL, CREMATION	23b DATE THEREO	F	23c. NAME OF CEM	ETERY OF C	PEMATORY		234 IDCA	TION (City, town,	W. Country		(State	
	١,	REMOVAL (Spec fy) Burial	4/8/61		St. Aloy					estown, A		Co.	Pa	•
	_	FUNERAL DIRECTOR'S	SIGNATURE /		ADDRESS O		12	Sa PEC'D	BY PEGIST		STRAR'S SIG		. a ec	-
1	1	ichard	A. TIH	lo.	I 174 Von	falls.	Plo	APR	1 0 '6		hun S. +			



MARYLAND

c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

o STATE

b, COUNTY

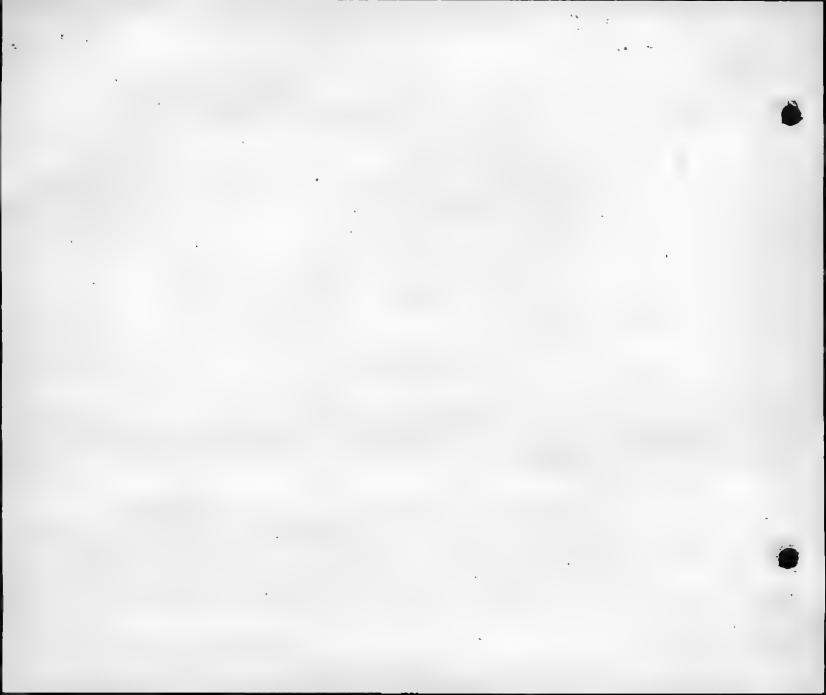
c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)

director, filed with be filed neral VENDING PHYSICIAN: T≣e tam remoires that the death certificate be executed within 24 haurs aff The haspital ar atter≣ing physician.

TO HOSPITAL OR

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TH ONDER 1 YEAR IF UNDER 24 HAS lost birthday) 12 CITIZEN OF WHAT COUNTRY: Adjects) Adjects) Interval Between Onset and Death
YES NO P E Month Doy Year TH 2 19 L 9. AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HAS lost birthday) Months Days Hours Min 12 CITIZEN OF WHAT COUNTRY: 3 19 L Months Days Hours Min 12 CITIZEN OF WHAT COUNTRY: 13 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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9. AGE (In/years IF UNDER 1 YEAR IF UNDER 22 HAS lost birthday) Months Days Hours Min 12 CITIZEN OF WHAT COUNTRY: Address WATMANDE. 572 BULL BULL INTERVAL BETWEEN ONSET AND DEATH LOST AND DEATH LOST AND DEATH
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3. Bleggersd Adject withmile 572, Butto Blod. ms Interval Between- ONSET AND DEATH Lie grasse
ONSET AND DEATH
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ASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY
PERFORMED?
YES NO 12
Part II of item 18.)
City or town) (County) (State
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4-23, 1961, that (1) (we) las
im the causes and an the date stated above
22b DATE
STAFF WHYS 4-24-SIGNED
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CATION (City Joyn or county)
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wal Hampsterd m
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		6172 CERTIFICATE OF DEATH	0.2700
		PLACE OF DEATH COUNTY OF MARYLAND 2 USUAL RESIDENCE (Where deceased lived of institution. Residence of STATE TOWN Y COUNTY CA	nce befare admissible 7 VYLL
/	Ь	CITY OF TOWN III autside corporate limits, write CAENOTH OF SAY IN 16 2 C. CITY OF TOWN WHITE CORPORATE limits, write RURAL and RURAL an	give nearest tawn)
grife.	,	or instruction may fell that the first the form of the first that the first that the first the first that the f	e. IS RESIDENCE ON A FARM? YES NO IN
	3. N	NAME OF DECEASED Type or print) Middle TRA VER 4. DATE OF DEATH Mapth	23-196/
	5 \$	Fem. WIDOWED DIVORCED 8-10-1868 (1987) Manths	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min
		July most of work of life every fred from home Mary land	FIZEN OF WHAT COUNTRY?
1		FATHER'S MAN AND C. ENSOR 14. MOTHER'S MAIREN NAME Dance	
	15. (Yes,	WAS DECEASED EVER IN U S ARMED FORCES? 16. 20 CIAL SECURITY NO 17. INFORMANT FOR SECURITY NO 17. INFORMANT FOR SECURITY NO 16. 20 CONTROL OF SECURITY NO 17. INFORMANT FOR SECURITY FOR SECURITY NO 17. INFORMANT FOR SECURITY FOR SECURITY FOR SECURITY FOR SECURITY NO 17. INFORMANT FOR SECURITY FOR SECURIT	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. Wet gangrene, right foot.	Two months
		DUE TO	
		Canditians, if any, which) (b) Diabetes Mellitus	Years
		gave rise to immediate couse (a), stating the under DUE TO	
		lying couse lost (c) With generalized arteriosclerosis, marked	Years
	20	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED?
1	8	(hrome broth fijnshome & Conebra (Antenoselints c	MES NO
4	CERT FI	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Post of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	lith
	S	A sales seems to the seems to t	(Caunty) (State)
	MEDI	Haur a.m While Not while factory, street, affice bldg, etc.)	
		21.1 certify that (1) (this haspital) attended the deceased from 1= 1946 to 11/23/61 19	O.f. that (I) (we) last
		saw the deceased glive an, 4-23-196/, and that death scarred PM, from the causes and an the	
		220 SIGNATURE - + MCC	22b DATE
		RENANCIANE THERE M.D. ATTENDING MED STAFF PHYS	1/23/61
		22c. PHYSICIAN'S NAME (Type)	
		Konstantin Weber M.D. Oak Street, Sykesville, M.	aryland
	23a	BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county)	(State)
-	1	Jurial 7/26/6/ West Murille Umilla Western	will me
	24/	AUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S S	_ / _
	1	-2- Marin K. West harmale Mapare SPR 28'61 arthur	8. Thank

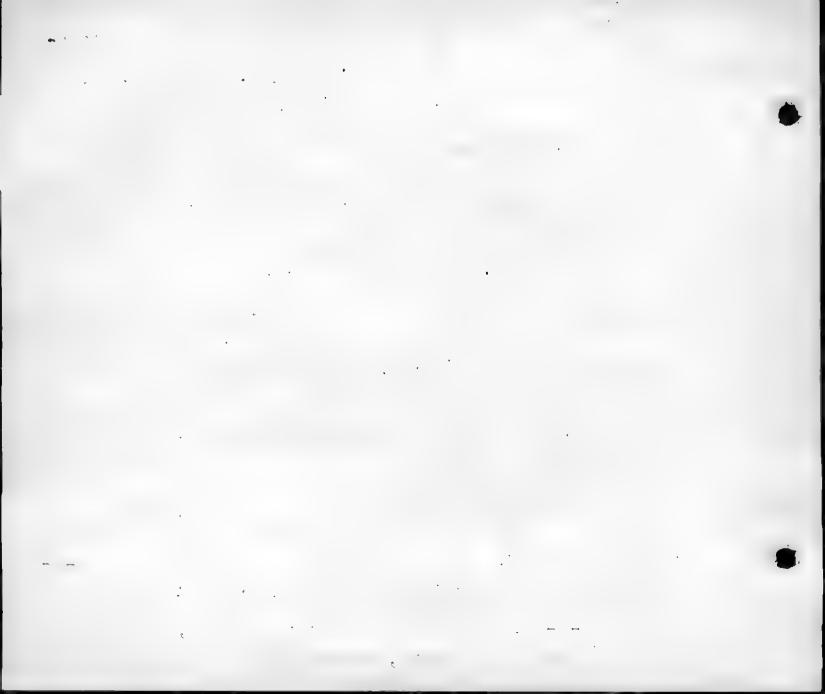
TO HOSPITAL OR FINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs attending physician may be revained to the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death oth Page 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) · COUNTY Filed b. COUNTY MARYLAND erai b CITY OR TOWN (If outs de carporote limits, write LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e Q (RURAL and give neorest-lown) ML-14/ should redelick d. NAME OF HOSPITAL (If not in hospital give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 50 10 miline YES NO puo .0 NAME OF 4. DATE Middle Month Year filled DECEASED (Type or print) DEATH death. Tio 196 9 AGE (In years ibs Hir)hday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED THE B. DATE OF BIRTH after Months Days DIVORCED [7] WIDOWED T yrs papers. Comp 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) hours 12. CITIZEN OF WHAT COUNTRY? sturing most of working life, even if retired) and Malla 960 Wee carban 2 13. FATMER'S NAME 14. MOTHÉR'S MAIDEN NAME physician .⊆ requires that the death certificate With. remove WAS DECEASED EVER IN U.S. ARMED FÖRCES? 171 INFORMANT 16. SOCIAL SECURITY NO attending has? CAUSE OF DEATH | Enter only one couse per finit for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ō. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO à Conditions, if any, which Bued (b) gave rise to immediate per **DUE TO** cause (a), stating the underbeen si lying cause lost, **burial-transit** attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, PERFORMED? certificate has YES NO M 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour n.m. While Nat while ot work at work p. m 21. I certify that (I) (this haspital) atlended the deceased from 112DQ 19.61, that (I) (we) last ..ta__ detached . 19 h(. , and that death accurred at 1) saw the deceased alive an PM, from the causes and an the date stated above. TO FUNERAL DIRECTOR: 22d SIGNATURE 22b, DATE ATTENDING SIGNE STAFF ö 5-1961 þ M.D. PHYS DIRECTOR | PHYS. page 3 should be the State Board Board 22c PHYSICIAN'S 22d, ADDRESS NAME (Type 230. BURIAL, CREMATION 135 DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 28d. LOCATION (City, town, or county) (State) REMOVA. (Specify) Frederick. Frederick Memorial 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR DATE APR 1 9 '61 arthur & Kinus VR A1S (4) Frederick, Maryland 1SM 9/59 Leo ve 1



VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

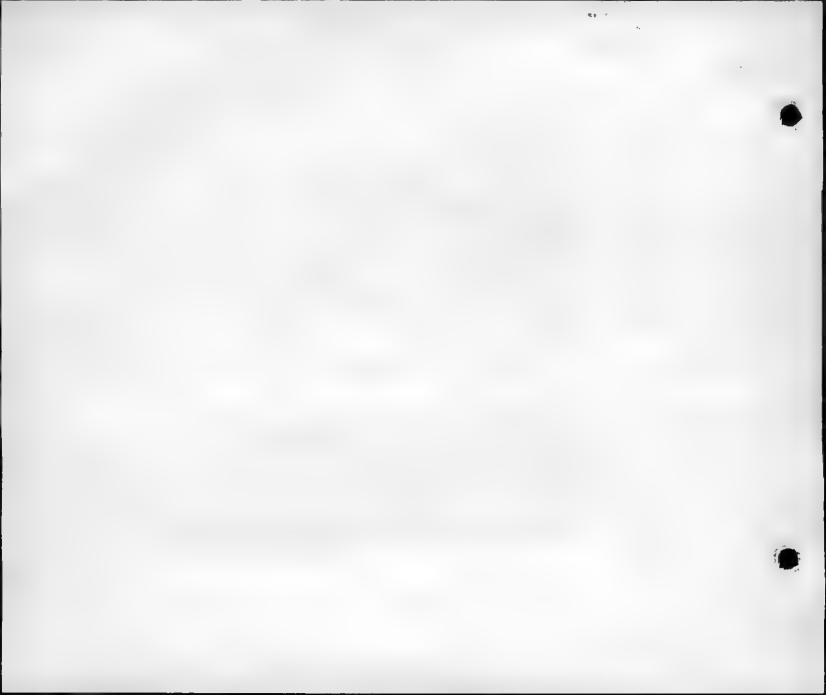
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Man .	0.191*	150.		_	

1, P	PLACE OF DEATH				2. USUAL RESH	ENCE (Where dece	ased lived. If Instit	ution: Residence	before admission	tot		
٥				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)								
Carroll MARYLAND					o. STATE Maryland b. COUNTY Carroll							
b	b. CITY OR TOWN If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
F			2 Yr	25.	Rurs	lHarr	i evilla					
d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS e. IS RESIDENCE								
P. O. Mt. Airy		P. O. Mt. Airy										
	DECEASED	First		dle	Last	4. DATE	Moni	h D				
						DEATI	WATTT	9,				
5. \$			MARRIEDA NEVER MA	ARRIED 8.	DATE OF BIRTH		9. AGE (In years lost b rihday)					
						~ 1	73 yrı.	Monins Day	ridurs //	un.		
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.,7	l'rackman	B. & O'Ra	ilroad, Re	etired	Mary	land		U. S. A.				
13.	_				14. MOTHER'S M	AIDEN NAME						
G	eorge	Wagner			Effi	e Hort	on					
15. (Yes.	WAS DECEASED EV			Y NO. 17. IN	FORMANT		Address	,				
				2002 M	e. Irvi	n Wagne	r. R.D.	3m_Mt.	Airv	. Ma		
	18. CAUSE OF DEA	TH (Enter only one couse p	er line for (o), (b), and (o	c).]		0	1	11	TERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:											
	Conflict to modelity											
	gave rise to immediate cause											
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Z	PART II. OTI	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO T	HE TERMINALDISEA	SE CONDITION GI	VEN IN PART 1(0	19. WAS AU	FOPSY		
3										10 🔲		
RTIF	20a. EXTERNAL CAL	JSE WAS 206. D	ESCRIBE HOW INJURY C	OCCURRED. (En	ler nature of inju	ry in Part I or Part	If of item 18.)		-			
2		RY Month, Day, Year		fundam	OF INJURY (Ho	me, form, 20f. (C	ty or lawn)	(County)	((State)		
MEC	p. m.	19	at work at while		y, sireci, cirice o	1						
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry . and find that											
	11.01											
	ACTUAL SIGNATURE DATE SIGNED DATE SIGNED											
	4/9//											
-	EXAMINER'S NAME (Type)	Wenka	1/1/11/17	on We	DEPUTY M	EDICAL EXAMINER	12 ′		11 1			
220.	BURIAL, CREMATIC	N. 226. DATE THEREOF	22c. NAME OF C	EMETERY OR C	REMATORY	22d. LO@	ATION (City, lown,	or county)	(Sigle)			
F			1 Pine G	rove (Cemeter							
	The state of the s		ADDRESS									
	C. M. W	altz. Wint	field. Ma	rvland	3 (DATE APR 1	'61	. 2 mm 9	Sauce A			
	3. 13. (CERTIFICATION 125. 125. 125. 125. 125. 125. 125. 125.	RUT alH d. NAME OF HOSPIT P. O. 3. NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPATH furing most of warking trackman of wa	P. O. Mt. Airy 3. NAME OF DECEASED (1ype or print) 5. SEX Male 10a. USUAL OCCUPATION (Give kind of work dam furing mod of working life, even if retired) 17 CKMAN 13. FATHER'S NAME George Wagner 15. WAS DECEASED EVER IN U. S. ARMED FORCE (1ym, no, er unknown) 18. CAUSE OF DEATH (Enter only one couse provided in the couse of the couse	RUPAI—Harrisville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street. P. O. Mt. Airy 3. NAME OF DECEASED (Type or print) CLARENCE H. 6. COLOR OR RACE Male White WIDOWED 100. USUAL OCCUPATION (Give kind of work dame life. Even if retired) Trackman—B. & OR Railroad, Ref 13. FATHER'S NAME George Wagner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (p), stoling the underlying couse lost. PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Conditions, if anys which gave rise to immediate couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF COUSE (Type) CAUSE OF DEATH. 21. I certify that I took charge of the remains described from: Natural causes (Type) 220. BURIAL, CREMATION, 128b. DATE THEREOF REMOVAL (Specify) BUT 12 12 1961 Pine Conditions of Contributions (Type) 220. BURIAL, CREMATION, 122b. DATE THEREOF PINE CONTRIBUTION (Type) 220. BURIAL, CREMATION, 122b. DATE THEREOF PINE CONTRIBUTION (Type) 220. BURIAL, CREMATION, 122b. DATE THEREOF PINE CONTRIBUTION (Type) 220. BURIAL, CREMATION, 122b. DATE THEREOF PINE CONTRIBUTION (Type) PINE CONTRIBUTION (Type) 220. BURIAL, CREMATION, 122b. DATE THEREOF PINE CONTRIBUTION (Type) PINE CONTRIBUTION (Type) ADDRESS	Rural—Harrisville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) P. O. Mt. Airy 3. NAME OF DECEASED (Type or print) CLARENCE H. W. S. SEX G. COLOR OR RACE White WIDOWED DIVORCED AI 100. USUAL OCCUPATION (Give kind of work dame 10b. KIND OF BUSINESS OR INDUSTR divining mout of working life, even if iretited) Trackman—B. & ORALL Trackman—B. & ORA	RUTA — HATTISVIILE 2 YTS RUTS	RUTAL—HATTISVIILE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) P. O. Mt. AITY D. O. Mt. AITY P. O. Mt. AITY P. O. Mt. AITY P. O. Mt. AITY DISTANCE P. O. Mt. AITY D. MIddle LOST WAGNER CLARENCE H. WAGNER S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED R. DATE OF BIRTH MAILE WIDOWED DIVORCED AUGUST 23, 1887 10c. USUAL OCCUPATION (Give kind of work dame 10c. KIND OF BUSINESS OR INDUSTRY 11. 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VR A1S (4)



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Winfield.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Carroll MARYLAND Carrol l CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Kevsville Rural -- Sykesville Months IS RESIDENCE d. NAME_QF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Liberty YES NO T Road Middle 4. DATE NAME OF Month Day Year DECEASED WAMPLER DEATH (Type or print) E. 19 61 April IF UNDER 1 YEAR IF UNDER 24 HRS AGE (n years lost birthday) 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours Female. WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewire Domestic Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Luther Wampler Alice Jane Shoemaker IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Miss Mary Wampler, Keysville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). **DUE TO** Enevalized Arterioselevosis Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO IS 40carditis+ Myocardial Legenerating 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of step 18.) 20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m 21. I certify that (I) (this haspital) aftended the deceased frame 196 , and that death accurred William, from the causes and on the date stated above saw the deceased alive an 22p. SIGNATURE 22b DATE S GNED ATTENDING STAFF DIRECTOR M.D 22c PHYS CIAN'S 22d. ADDRESS-NAME (Type) 23a BUR AL, CREMATION, 23b. DATE THEREOF (Stote) 1961 Messiah Mary ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE

Maryland

DATE APR

Cirthur E. Thousa

TO FUNERAL DIRECTOR: 15M 9/59

with director,

should be filed

the funeral

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filled

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physician

attending please

the burial-transit hos b≣en

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page 3 should b

certificate

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Poges death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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CE OF DEATH

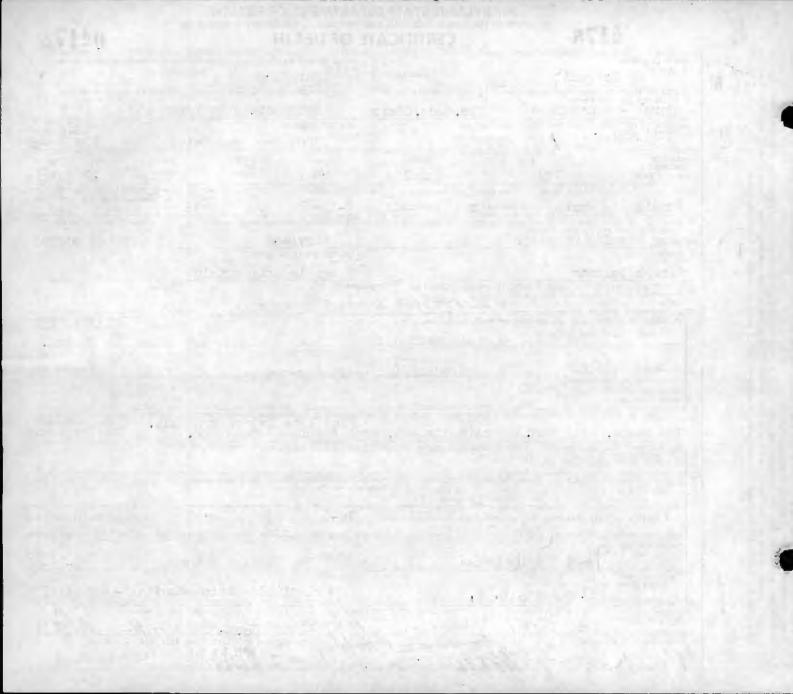
eath. Page 4

may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fipage 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shout the State Baard of Health priar to burial, crampton, ar remaval, and in any event, within 72 haters after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs all TO HOSPITAL OF VR A15 (4) 15M 9/59

1. PLACE OF DEATH	arroll	MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY							ion)	
b. CITY OR TOWN (I	f autside carporate lim	c. LENGTH OF STAT	(IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest taw							1	
Rubal -	2yr.6mos.6	6days	Baltimore City (Zone 14)						SV	01.		
d. NAME OF HOSPIT OR INSTITUTION			d. STREET ADDRES	S					e. IS RESIDENCE ON A FARM?			
	FIELD STATE	E HOS	PITAL		3209	No	rthway	Drive				NO
3. NAME OF	Fi	rst	Middle	e	Lost		4. DATE	Mani	h	Day	у .	Year
(Type ar print)	Ivy		Este	lle	WHITE		OF DEATH	APR	L	1	2	1961
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 🔲	B. DATE OF BIRTH		9		IF UNDE			-
Female	White	ED DIVORCI	ED 🗆	7-18-88			last birthday) 72 yrs.	Months	Days	Hours	Min.	
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (S	itate a	r fareign cau	intry)	12. CIT	IZEN OF	WHATC	OUNTRY?
Sewing Mach	ing life, even if retired				Marvl	and			Ur	nited	d Sta	ates
13. FATHER'S NAME	THE OPERATOR				14_MOTHER'S MAID	-			1			
George Co	loman				Virginia	Sa	tterft	h[ai				
15. WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO	O. 17. IN	FORMANT	Da	00011	Addr	ess			
	(If yes, give wor or dates of	- dead	20-14-96	/	spital Rec	n mrd						
	ATH [Enler anly one c	1-1-			Deprodr 1600	OI G	D			LINIE	RVAL BE	TWEEN
										ONS	ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia									_2h hrs.		
Conditions, if a	Canditions, if any, which) Arteriosclerotic Heart Disease								1	Years		
gave rise ta i	mmediate [Due T		1,010,010,010,010,010,010,010,010,010,0		11000							
cause (a), stating lying cause last.	the under-	r)										
Z PART II. OTI	HER SIGNIFICANT COL	NOITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMUN	ALDISEASE	CONDITIONGIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
S CBS assoc	se. T	Plus late latent syphilis. With psychotic reaction. 19. WAS AUTOPSY PERFORMED? YES NO [X]										
200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	_). (Enter nature of injur							
20c. TIME OF INJUS Haur a. m. p. m.	Y Manth, Day, Ye	while			CE OF INJURY (Hame, story, street, affice bldg.		20f. (City	ar tawn)		(Caunty)		(State)
	at (f) (this haspita			d frame	10-6	195	8 . ta	4-12	106	1 th	at /1\3	₩e) last
	A -				eath accurred at							
saw the decea	sed drive an		EET IN OFF and	d that c	earn accurred at.	221	M, from t	ne causes an	a an in	e dare		b.DATE
220. SIGNATORE	TIN	au	· lu		M.D. ATTENDING	MEI	D. ECTOR [STAFF PHYS.			24-1	SIGNED
22c. PHYSICIAN'S	41 16				22d. ADDRESS							
NAME (Type)	Ilse Kam	n. M.	D.		Spring	fie	ld Sta	ate Hosp	ital	- Sy	rkes	ville
236 BURIAL CREMATIC		0F	23c. NAME OF CEA	METERY O	Chapel	/	ROCATI	ON (City, town, o	r county)		Stat	(e)
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS 5	205	Harford. 250.	REC'D	BY REGISTR	AR 25b, REGIS				
RUPK	Leonally.	73	n//1000 17	-0	Mand DATE	2	172	12/51	ant	Lun S.	Kine	ul.
	1 1	1	. / ,				1001					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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						(147.0)				
1. PLACE OF DEATH d. COUNTY		14.1 5.00 4.0.15	2. USUAL RESIDENCE (W	h i	COUNTY	_				
	Carroll	MARYLAND	Mary	Land	Al	legany V				
RURAL and give n	If autside carporate limits, write earest town)	c. LENGTH OF STAY IN 16		autside carporote limit	i, write RURAL and gi	ive nearest town)				
Sykesvi.		24 days	-	Summit	01	R-d				
OR INSTITUTION	TAL (If not in hospital, give street		d. STREET ADDRESS	D D //3 (3		e. IS RESIDENCE ON A FARM?				
	<u>ield State Hospi</u>		None		Frostburg	g) YES NO				
3. NAME OF DECEASED (Type or print)	Agnes Ru	th Phillips	Winters	4. DATE OF DEATH A]	oril	11, Yeor				
5. SEX Female	7.71. 2 A	RIED A NEVER MARRIED	8. DATE OF BIRTH August 17,	1892 9. AGE	(thdoy) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.				
	WN1.US WIDOW ON (Give kind of work done 10b.					ZEN OF WHAT COUNTRY				
during most of wor	rking life, even if retired)	KIND OF BUSINESS OK INDU								
Housewife 13. FATHER'S NAME			Maryla 14. MOTHER'S MAIDEN		U	.S.A.				
	derend Dhillian		Nova							
	dward Phillips ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	NEORMANT	noss	Address					
(Yes, no, or unknown) No	(If yes, give war or dates of service)		pringfield H	ospital Re						
	ATH [Enter only one couse per li	ne for (a), (b), ond (c).]				INTERVAL BETWEEN				
PART I. DE		ONSET AND DEATH								
4-10	4-10 X DUE TO									
	Conditions, if ony, which) (b) Rheumatic heart disease									
gave rise to cause (a), stating	the under DUE TO PIUL	ltiple emboli	to lungs and	brain with		Months &				
lying couse lost.	(c) S	oftening.				days				
Chronic Chronic 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CONDITIONS OF THE SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?				
	AS UNDERLYING [20b. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of its	n 18.)					
20c. TIME OF INJUI Hour o. m.	While	_ Not while . fo	ACE OF INJURY (Home, for ctory, street, office bldg., et	rm, 20f. (City or town)	(C	ounty) (Stote				
	WI WE	k of work		(2 4 .2	22 /2					
21. I certify the	at (I) (this haspital) attend	ded the deceased fram.		61 to April		that (i) (we) las				
saw the decea	sed alive an April 10	1901, and that	death accurred at 23	LOAMom the ca	uses and an the					
aga	estin del	Form po	M.D. PHYS.	MED. STAFF	ĕ	14/11/61				
22.2. PHYSICIAN'S NAME (Nype)	Agustin delCar	mpo, M.D.	Springfie	ld Hospita	l,Sykesvil	le, Marylan				
23a. BURIAL, CREMATIC		23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (Cit	y, tawn, ar county)	(Stote)				
REMOVAL (Specify	4=14-61	Loar Cemet	- 127F	Loartow	n	Ma				
24. ENTERAL DIRECTOR	is signatured es 2/ /	TO MACORESS	25a. REC	O'D BY REGISTRAR	Sb. REGISTRAR'S SIG	NATURE				
000	- Rolling	tract	Lura Mbate	nn 1 0 161	arihur S.	Kraus				

FENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours page 3 should be de the State Board of M TO HOSPITAL OR TO FUNERAL VR A15 (4) 15M 9/59

